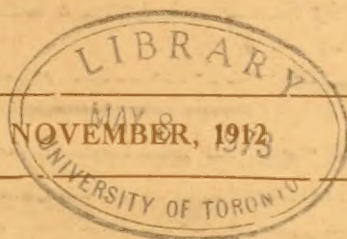


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THE JOURNAL
OF THE
AMERICAN INSTITUTE
OF
HOMŒOPATHY



Vol. V



No. 5

STORAGE

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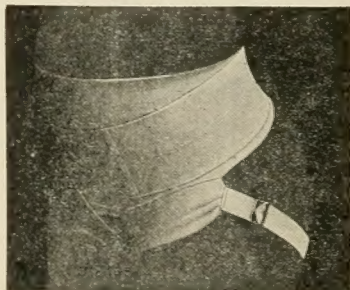
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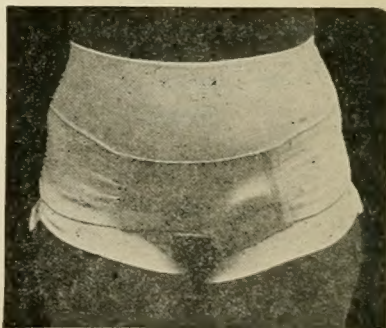
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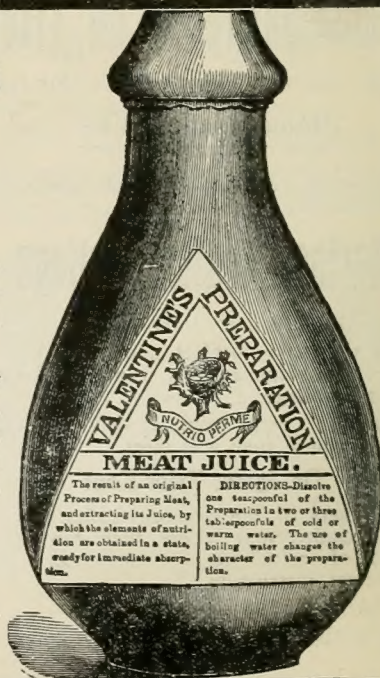
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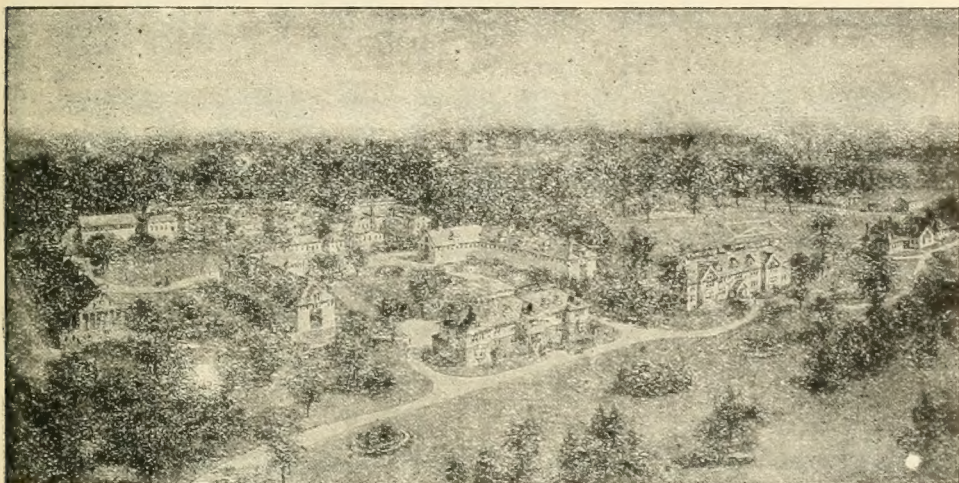
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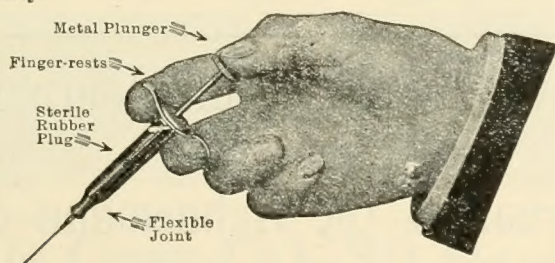
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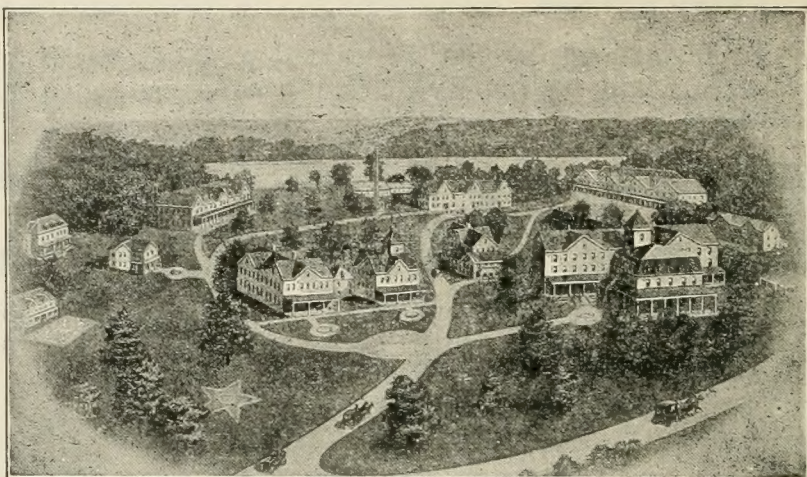
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The Journal

OF THE

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Vol. V

NOVEMBER, 1912

No. 5

BUREAU OF SANITARY SCIENCE AND PUBLIC HEALTH

STERILIZATION OF THE UNFIT.

BY REBECCA ROGERS GEORGE, M. D., INDIANAPOLIS, IND.

In the great general movement of today, looking toward the betterment of those social and economic conditions which concern the community, the State and the nation, we find the foundation stones must be laid in the improved physical and moral ideals of the individual.

Each community is beginning to realize, more and more fully, that its growth and prosperity, indeed its very life, depends not so much on the highly developed intelligence of the favored few as upon the healthy minds and wholesome ideals of the many.

And so we find our philanthropists, our criminologists, our State Boards of Charities, our State Boards of Health, and even our State Legislatures, turning their attention, more and more, to those practical fundamental measures which have to do with the general uplift of the *normal* individual, as well as the protection and care of the needy, the unfortunate and the unsafe.

More and more are the thoughtful beginning to realize the truth of our present-day medical teaching, that "Prevention is better than cure," and more and more are conscientious sociologists striving to work in accordance with the old maxim.

Those who are in a position to know claim that our country is being swept by a deluge of vice and crime, and that the State institutions for the care of the blind, the deaf and dumb, the feeble minded and the insane cannot keep pace with the growing numbers of these unfortunates, while our penal institutions are proving quite as inadequate.

It is also estimated by good authorities that about one per cent. of our population is now unfit for reproducing good stock, the so-called unfit including the feeble-minded, the pauper, the inebriate, the criminal, the epileptic, the insane, those with specific

diseases, the deformed and those with defective sense organs; and as these State institutions, which have become such a financial burden upon the tax-payer, are kept filled by the unfit and their descendants it is now a matter of the supremest social importance to determine upon such measures as will limit the output of a class of individuals which is becoming a menace to our national life.

For years it has been a debatable question as to whether crime was hereditary or whether it just happened, but it has been conclusively proven that the feeble-minded breed more feeble minds, that the pauper breeds paupers, that the inebriate father or mother breeds a being with defective tendencies, that the epileptic passes on the same stigmata to his children, that the insane are incapable of giving a normal nervous system to their posterity and observation has borne out the logically deduction that the criminal class is incapable of transmitting to its children normal minds or ideals.

The tenets of modern criminology, according to Dr. G. Frank Lydston, are in brief:—

"The criminal and vicious classes are the product of certain influences of heredity, congenital and acquired disease, and unfavorable surroundings involving pernicious teaching and example, physical necessities and other social maladies.

"(2) These influences result in a class of persons of low-grade development, physically and mentally, with a defective understanding of their true relations to the social system in which they live.

"Some become criminals, some paupers, some prostitutes, inebriates or insane.

"These subjects are characterized, upon the average, by certain anomalies of development that constitute the so-called stigmata or marks of degeneracy.

"In them vice, crime and disease go hand in hand."

For many generations imprisonment had been looked upon as the principal and rational punishment for crime with but little thought as to the reclamation of the criminal or conversion into a helpful member of society, but today the object of imprisonment is threefold:

- (1) Punitive.
- (2) Protective.
- (3) Reformative.

In recent years there has been more stress laid upon reformatory effects and decidedly less upon imprisonment as mere punishment, for experience has shown that imprisonment, uncombined with reformatory or educational measures, had little if any beneficial effect; in fact, it seemed to brutalize and perpetuate the criminal tendency when liberated.

The modern theory is that the criminal is a diseased individual and to be treated accordingly.

That crime and degeneracy are on the increase in all countries seems to be an undisputed fact, and is proven by statistics given by those in a position to know.

Dr. T. Alex. Mitchell, of New York, who was sent abroad a few years ago to investigate the subjects of alcoholism and narcotics, said recently before the American Medical Association: "A wave of degeneracy is sweeping the land and its development threatens the physical vitality of the nation."

Within a period of fifty years the population of the United States increased 630%, while the insane and feeble-minded increased 950%.

Degeneracy is shown in the lessened fertility of the nation.

In five years the birth-rate of the United States has fallen 33 1-3%. This means the loss of one million babies a year. Let this degeneracy continue at the same rate for 100 years and there will not be a native-born child five years old in the United States.

What is the cause of this degeneracy? A hundred different intermediate agencies may contribute to the undoing of the race, but back of them all stands alcohol as the chief degenerative factor.

Statistics compiled by the leading insurance companies and presented by Sir T. W. Whitaker in a report to British Parliament show that out of every 1,000 deaths among the population at large 440 are due to alcohol.

This would mean a mortality in the United States from alcohol of 68,000 a year.

The great burden of drink is not borne, however, by the drinker, but by the drinker's children. The germ cell that is to be evolved into another being is the most highly organized of all the cells in the body.

In its protoplasm lies the material and pattern of the perfected organization. Should such a poison as alcohol lessen the nutrition of the cell or impair the quality of the protoplasmic material and deface the pattern these defects would be apparent in subsequent stages of its development.

A defective germ cell cannot evolve a normal body, which is the reason so large a percentage of functional and organic diseases is found among the children of drinking parents.

While society has probably always shown a certain proportion of drunkards, feeble-minded, insane, epileptics, imbeciles and criminals the rapid increase of the so-called "unfit" is stupendous and staggering when one stops to consider, not only the physical menace, but the financial burden this class of individuals is upon the normal, law-abiding citizen.

One author estimates that it costs from \$3.00 to \$5.00 per year for every honest man in America to protect good from evil, or about \$200,000,000 per year, in the United States alone, while the depredations and non-productiveness of criminals bring this total up to approximately \$600,000,000 per annum, or \$25.00 per annum per family.

From statistics compiled by the Elmira Reformatory officials it appears that 38% of their inmates stated that there was drunkenness in one or both parents, 19% were tubercular, 43% were mentally deranged and 37% mentally defective.

Morrison reports that in the English Industrial Schools 51% are illegitimate and the offspring of criminals or are abandoned children.

As specific instances of the heredity of crime may be mentioned Jesse Pomeroy and the famous Jukes family, whose history is so well known as not to require amplification.

With such statistics and examples confronting us it is but logical that the student of criminology should arrive at the conclusion that heredity does play a very important role as one of the great causes of crime and degeneracy.

If this be true (and what student of the subject can doubt it) what is to be the logical treatment for this stupendous epidemic of criminal degeneracy which is endangering our nation at the present time?

Dr. Austin Flint says there is but one solution of the problem and that is "Sterilization."

Four methods have been suggested:

- (1) Emasculation.
- (2) Rigid marriage regulation.
- (3) Segregation or colonization.
- (4) Vasectomy.

The complete physical and psychical changes in the individual following emasculation are such that public opinion would not tolerate this method except in very extreme cases, although it certainly would be the appropriate treatment in rape and similar crimes.

The second method would be palpably futile in overcoming the evil, for, while more rigid marriage regulations are to be encouraged, illegitimacy would be increased if rigid marriage laws were looked to as the *only* solution of the problem.

The third method, that of segregation or colonization of the criminal, has been tried for hundreds of years with the result of an increase in the number of criminals in proportion to the population.

The fourth method, vasectomy, in the hands of competent physicians furnishes a way by which male criminals and other defectives may be sterilized with absolutely no impairment of sexual desire or capacity.

Sterilization of criminals by vasectomy was first performed in October, 1899, by Dr. H. C. Sharp, of Indianapolis, who was then physician to the Indiana State Reformatory at Jeffersonville, although the value of this operation was well known to surgeons in private practice prior to that time.

For some years Dr. Sharp performed this operation, without the authority of the law, upon such criminals as willingly gave their consent.

Other physicians, observing the uniformly good results following this simple operation, succeeded in starting an agitation which resulted in the establishing of a law, now known far and wide, as "The Indiana Plan."

In a paper read in June, 1909, Dr. Sharp says, "Vasectomy consists in ligating and resecting a small part of the vas deferens.

"This operation is simple and easy to perform.

"I do it without administering an anæsthetic, either local or general. It requires about three minutes to perform, and the subject returns to his work immediately, suffers no inconvenience and is in no way hampered in his pursuit of life, liberty and happiness, *but is effectually sterilized.*

"I have been doing this operation for over nine years and I have 456 cases that have afforded splendid opportunities for post-operative observation, and I have never seen an unfavorable symptom.

"There is no atrophy of the testicle, no cystic degeneration or nervous condition following, but, on the contrary, the patient becomes of a more sunny disposition, brighter of intellect, ceases excessive masturbation and advises his fellows to submit to the operation for their own good.

"And this is the point in which this method of preventing procreation is infinitely superior to all others proposed, *that it is endorsed by the persons subjected to it.*

"All other methods suggested place restrictions, and therefore punishment, on the subject, while this method absolutely does not.

"There is no expense to the State, no sorrow and shame to the friends of the individual, as there is bound to be, in carrying out the segregation idea.

"After observing 500 males in whom I have severed the vas deferens I am prepared to state that there is not only a diminution of muscular and nervous fatigue resulting from muscular exertion, but a lessening of fatigue sensation and a decided increase of energy and well-being.

"Splendid results have been observed also in neuræsthenia."

In March, 1907, Indiana made the operation of vasectomy compulsory upon confirmed criminals, idiots, rapists and imbeciles in all cases where the board decides that procreation is inadvisable, and that there is no probability of physical and mental improvement of the inmates under consideration.

Governor Marshall, of Indiana, whilst conceding the beneficial effects of the law, its necessity, etc., is of the opinion that it should be a part of the sentence of the trial court, and that, if applied otherwise, the constitutionality of the law might be open to doubt. So that since Governor Marshall's term of office began, in 1909, vasectomy has not been *compulsory* in the treatment of the unfit confined in institutions in Indiana, such treatment being limited to those inmates who are willing to have the operation, as very many are.

According to Indiana statutes the sterilization act does not provide that habitual criminals may be *sentenced* to be sterilized, but provides that sterilization may be inflicted under certain conditions, as follows:—

“That on and after the passage of this act it shall be compulsory for each and every institution in the State, entrusted with the care of confirmed criminals, idiots, rapists and imbeciles, to appoint upon its staff, in addition to the regular institutional physicians, two skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physicians and board of managers. If, in the judgment of this committee of experts and the board of managers, procreation is inadvisable and there is no probability of improvement of the mental condition of the inmate, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest and most effective. But this operation shall not be performed except in cases that have been pronounced unimprovable: Provided, that in no case shall the consultation fee be more than three dollars to each expert, to be paid out of the funds appropriated for the maintenance of such institution.”

Since the Indiana plan became a law in 1907, seven (7) States have swung into line, so that Connecticut, California, Iowa, Idaho, Oregon, New York and New Jersey now have laws providing for the sterilization of degenerates, and when such laws become operative in every State in our union it is not too much to believe that it would take less than four generations to eliminate four-fifths of the crime, insanity and degeneracy of this country, and with the proportionate decrease in the number of our asylums, prisons and hospitals would also decrease the problem of the unemployed and unemployable, as well as the high cost of living.

However, Havelock Ellis, an authority on race degeneration, believes that the greatest menace to regeneration of the race lies in the enormous population of feeble-minded and inefficient.

Nearly half of the whole number of feeble-minded at the present time, being unprovided for and neglected, become a danger to themselves and society.

If these feeble-minded ones who are free to move around in the world could be subjected to the same benign and merciful operation, then might this huge problem of the unfit become a manageable one in a few, instead of several generations.

Indiana has another eugenic law, passed in 1905, which is also one pointing to the wise method of prevention.

This law commands that no marriage license shall be issued except upon written and verified application, such applications to be uniform throughout the State. It is the duty of the State Board of Health to furnish such application blanks to each of its county clerks.

The law further commands that, "No license to marry shall be issued when either of the contracting parties is an imbecile, epileptic, or of unsound mind, or under guardianship as a person of unsound mind, nor to any male person who is, or has been within five years, an inmate of any county asylum or home for indigent persons, unless it satisfactorily appears that the cause of such condition has been removed, and that such male applicant is able to support a family and likely to so continue, nor shall any license be issued when either of the contracting parties is afflicted with a transmissible disease, or at the time of application is under the influence of an intoxicating liquor or narcotic drug."

After the passage of this law the Indiana State Board of Health prepared the following blank form of application for license to marry:

APPLICATION FOR MARRIAGE LICENSE—FEMALE.

Application is hereby made for a license for the marriage of _____ to _____ upon the following statement of fact relative to said parties: 1. The full Christian and surname of the woman is _____. 2. Color _____. 3. Where born _____. 4. When born _____. 5. Present residence _____. 6. Present occupation _____. 7. Full Christian and surname of father _____. 8. His color _____. His birth place _____. 10. His occupation _____. 11. His residence _____. 12. Full Christian and maiden name of mother _____. 13. Her color _____. 14. Her occupation _____. 15. Her birth place _____. 16. Her residence _____. 17. Has the female contracting party been an inmate of any county asylum or home for indigent persons within the last five years? _____. 18. Is this her first marriage? _____. 19. If not, how often has she been married? _____. 20. Has such prior marriage, or marriages, been dissolved? _____. 21. If so, how and when? _____. 22. Is the female contracting party afflicted with epilepsy, tuberculosis, venereal or any other contagious or transmissible disease? _____. 23. Is she an imbecile, feeble-minded, idiotic or insane, or is she under guardianship as a person of unsound mind? _____. Signature of applicant _____.

Affidavit follows here.

APPLICATION FOR MARRIAGE LICENSE—MALE.

Application is hereby made for a license for the marriage of _____ to _____ upon the following statement of fact relative to said parties: 1. The full Christian and surname of the man is _____. 2. Color _____. 3. Where born _____. 4. When born _____. 5. Present residence _____. 6. Present occupation _____. 7. If no occupation, what means has the male contracting party to support a family? _____. 8. Is the male contracting party of nearer blood kin to the female contracting party

than second cousin? ——. 9. Full Christian and surname of father ——. 10. His color ——. 11. His birth place ——. 12. His occupation ——. 13. His residence ——. 14. Full Christian and maiden name of mother ——. 15. Her color ——. 16. Her residence ——. 17. Her occupation ——. 18. Her birth place ——. 19. Has the male contracting party been an inmate of any county asylum or home for indigent persons within the last five years? ——. 20. If so, is he now able to support a family and likely to so continue? ——. 21. Is this his first marriage? ——. 22. If not, how often has he been married? ——. 23. Has such prior marriage, or marriages, been dissolved? ——. 24. If so, how? ——. 25. When? ——. 26. Is the male contracting party afflicted with epilepsy, tuberculosis, venereal, or any other contagious or transmissible disease? ——. 27. Is he an imbecile, feeble-minded, idiotic, or is he under guardianship as a person of unsound mind? ——. Signature of applicant ——.

Affidavit follows here.

Dr. J. N. Hurty, secretary of the State Board, says that at first there was manifest some opposition, and in instances very harsh statements were made, but finally this all died out, and now not the slightest opposition appears. The highest court has upheld the law in the case of a very rich and prominent man who was luetic and knew it, who was refused a license to marry.

He thereupon went to Kentucky and was married, and upon return to Indiana, in due time, the marriage was declared null and void. So if people with certain hereditary diseases get married in other states to avoid Indiana's statute they must remain out of the state or suffer the penalty.

As the enforcement of the law depends upon the county clerks, all new ones are sent a special letter from the State Board of Health which gives the argument for the law, and makes plain the benefits its rigid enforcement will bring to the state. Of course, this is to educate and to arouse the interest of new officials.

We have not sufficient data for conclusions, but it is true that licenses to marry are denied daily in the state to those who should not marry; and although marriage is not necessary for procreation, still it is certain the law has done something toward the end at which it is aimed.

When similar laws regarding marriage and the sterilization of the "unfit" prevail in every State in our Union, and when the saloon and brothel are looked upon and treated not as a necessity, but as a disgusting and unmitigated nuisance, then indeed will this tide of degeneracy be stayed and our nation's decadence arrested.

DISCUSSION.

THE CHAIRMAN: We are very proud of Indiana as a state leading off in the investigation and very careful consideration of a matter which is so important in the health of our children, the citizens of to-morrow.

There are two or three papers which have already been given in this Institute which belong just as particularly and just as precisely to our Bureau of Sanitary Science, as they are closely related to the bureaux in which they were given. In the matter of discussion it would be perfectly fair for any who read such papers to refer to those papers also. They were very valuable in this contribution of everybody's individual thought, the sifting and the trying of all these things, the winnowing out of the wheat and the ultimate solution.

BYRON E. MILLER, M. D., Portland, Ore.: I have almost nothing to report for Oregon, because while there was legislation it was repealed and the friends of the measure are waiting to make another attempt.

THE CHAIRMAN: Dr. Maurice Youngman, for New Jersey, has not replied, although I saw Dr. Youngman in the audience, yesterday. Dr. Guy E. Manning, of San Francisco, has not replied regarding California, but there was a very good article in one of our recent publications from Washington on the establishment of municipal dispensaries for the treating of venereal diseases.

The next Section is on the Compulsory Reporting of Venereal Disease. The fact that none of the members on the program are present is, perhaps, significant that their thought has not crystallized, else if they could not report anything from their various states they would be willing to come here and give their personal opinion. This is an interesting age to live in. There are so many things in process of crystallization. We have not reached a conclusion. We are simply giving, each his personal experience, and trying to work out a problem of what is necessary to effect legislation. Dr. Wieland is held by a surgical operation. He has done valuable work in the world at large and also among his fraternity men. Dr. Rawson is working for "The Other Man's Boy," down in Kentucky, leading a civic movement with the youth in his immediate community.

In taking up the discussion, will you hold to our Institute rule, five minutes for discussion, because the Department of Pedology is still in session and some who have papers here have papers there also? Dr. Peffers, of Ohio, open the discussion.

IDA B. PEFFERS, M. D., Middlefield, Ohio: I was very much pleased with our papers this morning and with this work particularly. There is not a particle of doubt in my mind but that if the proper knowledge prevailed we would have better babies born. One thought that has always come to me is the wonder that a man and woman could bring a little innocent child into this world to go through life suffering for their sin. It is a subject upon which I feel very deeply. Every child that comes into this world has a right to be well born. It has a right to a healthy body. How a diseased man or a diseased woman can expect to bring a healthy child into the world or expect a doctor to cure that child when its body is saturated with these formidable diseases is beyond my understanding.

JOHN A. FISCHER, M. D., Philadelphia, Pa.: I was particularly interested in this subject of compulsory reporting of these diseases because of an experience which I had a year ago. A young lady, nineteen years of age, came to my office showing upon her lip a sore which she thought was a common cold-sore, but it had lasted too long and she asked to be prescribed for. I knew her to be a very good girl and of very good family and I hesitated about coming to the conclusion that this might be a chancre. In order to convince myself, I asked her to come back the following night, which she did, and I then said to her: "Is there no way in which you can account for this sore?" She said: "I cannot." I asked: "Have you not kissed some one with a sore?" She said: "I have not." But, finally, in the conversation she said she had been to a party at which there was a young man with a sore lip and they had played kissing games. I then made a diagnosis of chancre of the lip. The next evening I had two more cases and they had been at this same party. In all five young girls and one young man, ranging from sixteen to 20 years, were infected with the chancre of the lip.

I then made it my business to go to my board of health to ascertain if something could not be done by the authorities to stop this. The head of the board said: "Dr. Fischer, I have no authority on this case, there is no law in Pennsylvania to cover this matter." I said to him: "Doctor, this is far more serious than small-pox. We have a right to quarantine small-pox cases and you must quarantine this man." He then had an interview with the state solicitor, who told him he had absolutely no power in this matter. I again appealed to Dr. Neff and said something must be done, as this man was at large and was still visiting parties at which he was infecting people. Dr. Neff said he was very much interested and consented to do something. He said: "I will first take the matter entirely out of your hands, so you will have no responsibility." He then referred me to his dermatologist, who corroborated my diagnosis. The young man was arrested, taken to the city hospital, given a dose of salvarsan and discharged the very next day. This, to me, is a very sad experience.

THE CHAIRMAN: We are very glad to hear of that experience. You will be interested in reading Dr. Wieland's paper when it is published in THE JOURNAL. He has been visiting the toilet rooms in the loop district in Chicago and demonstrating positively that venereal diseases may be transmitted by other measures than sexual congress. I think it is only just as we work, individual by individual, in our own community, that we can meet the problem. Another thing, I am sure some one is going to take up the other side of the question, the kissing games.

MINNIE McC. HOPKINS, M. D., Wisconsin: It seems to me the thing to do with the girl is to teach her that her body belongs to herself and that the young man must keep his hands off. Both sexes need to be taught that, and I think that lies largely in the hands of the mother; but we must educate our mothers and get them on to that foreground, for many of them do not teach their daughters anything along those lines. They do not teach them anything in regard to the sex question. I am in a little country city of about 6,000 inhabitants and a great many of the mothers come to me to tell their daughters in regard to sex matters. When we can teach our mothers that they are losing the confidence of their daughters, that they are losing the one best hope that they have of holding those girls to bright, beautiful, honorable womanhood by giving to some one else that duty which is theirs, then we will have gone a long way towards helping solve the problems of teaching the girls the lessons of sex. In my own home town we have a preacher who is very much alive on this topic. He is interesting all the boys he can get hold of in the boys' brigade. He attends their meetings in the Armory and teaches them along the lines of social hygiene and the sex question. For the girls I have been trying to do the work for him. That is the kind of work being done in one of the Wisconsin towns and such work is growing all over the state through the agency of the Federation of Woman's Clubs.

By the education of our youth along sex lines, we help to eliminate our class of people who may become the "unfit," and by the "unfit" we mean not only criminals, but all who might produce a degenerate posterity.

WILLIAM E. GEORGE, M. D., Indianapolis, Ind.: I think I shall not discuss this paper. This is a report on the sterilization of the unfit and if I began wandering from that topic and expressing an opinion as to the training of boys and girls I am afraid we should not be out of this room this afternoon. I have talked with men physicians and laymen in regard to the propriety and the legality of the operation of sterilization and there is wide-spread opposition to the idea; I think not from any personal standpoint, but many of the men look upon it as, first, subversive of the rights of the individual, and, secondly, as likely to produce more promiscuous sexual indulgence among those so operated; the idea being that protection from legal procedures for seduction would lead these men to indulge excessively, to the great detriment of the womanhood of the state. This is not my idea, but the idea of those to whom I have spoken. Personally, I am heartily and emphatically in favor of the operation.

ELIZABETH H. MUNCIE, M. D., Brooklyn, N. Y.: I heard only the latter part of this valuable paper. Dr. George referred particularly to alcoholism as a factor in moral degradation. There have come to my notice, recently, three cases that were directly traceable to alcohol.

A woman came to me with gonorrhœa. The story was that her husband, a professional man who, during the eight years of their married life, had never been away from her but four nights, but on each of those nights he had been with his companions down to Coney Island, and had taken a little drink. He claimed to be a temperate man, and appeared strong and well balanced. As he entered my office his face was pale, the cold perspiration stood out on his forehead as he dropped to the chair in front of my desk and said: "Doctor, I have given my wife gonorrhœa and she is the noblest woman that ever lived." "Well," I said, "how about it?" He replied: "All I know is I went to Coney Island with the boys. I am not a drinking man, but I did drink some beer, and I do not know what happened for the two succeeding hours. I was home at twelve o'clock—but the fact remains we both have gonorrhœa," and so they had.

The next case was a very lovely woman, with such high ideals, that she said she would not marry a man if he even smoked. She did, however, marry a man who not only smoked, but who also drank, although she did not find it out until after they were married. She had been deceived into believing him a perfectly clean man. After they had been married about two years she found he considered it necessary in business matters, very necessary, to drink in order to complete business arrangements, and recently he often came home at four o'clock in the morning, claiming he had been with business men. She presented a severe case of initiative syphilis about the vulva. I made inquiries and it finally was revealed that although he thought or claimed that he never became intoxicated she stated that when he came home at 12 or 2 o'clock he was always under the influence of liquor. The fact is he did not know what he had been doing. He contracted syphilis and brought it to his wife, as was later demonstrated.

The third case occurred in my own sanitarium, just recently. I had allowed two nurses who had been in our service but a little while to room together. They had been on outside cases for several weeks, when, one morning, my assistant, Dr. Chadwick, and the head nurse came to me and said: "It was a terrible thing we saw last night. It was twelve o'clock. We heard foot steps that seemed like those of a man coming down stairs. We went to the hall and looked down the stairs, and there was going down stairs a young man wearing a light suit and a straw hat; we looked around and saw a light in the nurses' room. We went immediately to see what it meant, and found those girls just as intoxicated as they could be. One was vomiting. The odor was so fearful, you could hardly stand it. The other girl was lying across the bed." This happened in my own house, even though, since fifteen years of age, I have been preaching against the use of intoxicants in any form. Of course, it was my duty to go directly to the girls' room. One of them was sitting on the bed holding her head, as sweet a girl as you ever saw, the other was looking around as if just awakening from a stupor. I said: "Girls, what are you going to be, mistresses or common prostitutes?" The tears gushed to their eyes. I said further: "Do you know what happened last night?" One replied, "We just went to the theatre with a nice young man and we had dinner after the theatre, and we got home all right."

CHAIRMAN: I am sure we have all had the same very sad lesson in one way or another, coming close home in our experiences. We hope not so many have had it in their own homes, but it comes close to us and several people, since these vice commission reports have been published, have said to me, as they have said to you as physicians: "Do you think it is wise to publish that?" And I said simply: "We have to have all these facts published; they are no worse than the things that are published in our daily press. But out of it all we have to find a remedy."

Now I want something said on the immigration problem, because, while it does not come to us particularly as general practitioners it is a tremendously big problem in our national politics and I think we must not forget to be citizens while we are doctors. We have a member here from New York. Dr. Schenck, can you tell us something on the subject of immigration?

DR. SCHENCK: I did not hear the paper.

THE CHAIRMAN: Tell us what you think of our immigration law.

HERBERT DANA SCHENCK, M. D., Brooklyn: I have no definite idea upon the immigration law that I am prepared to express, but I will say a word in regard to the New York Department of Health work and the problem of legislation on these cases. The State Board of Health of New York has discussed very seriously what might be accomplished if they compelled registration of the cases, but it has been decided in view of the present state of the public conscience on this matter it would be an unwise act. No doctor would be called again to see a case he had registered and this would defeat the purpose and drive the cases from the practitioners to the quacks, thus multiplying the quacks innumera-ly.

The problem was then taken up in another way. The State Board was asked to begin a campaign of education by having experts from the Department give illustrated lectures with a series of pictures before women's clubs, social centers, etc., in all parts of New York, in order to raise the standard of education to the point where effective legislation might be obtained through public sentiment. I do not believe, at the present time, much can be accomplished in New York until the public is educated to the danger of these diseases.

REBECCA ROGERS GEORGE, M. D., Indianapolis, Ind.: I think so far as replying to the discussion of my paper is concerned it would be difficult to reply, as there was practically no discussion. Of course, I believe we are all coming to one common ground as regards the necessity for education along this line if it were possible for us to cut off the production of the present unfit, that is, to limit their productiveness. At the same time we are beginning to educate the coming parentage of the country. Then we might begin to feel that the solution of this problem is not so distant. But so long as we continue the idea of the double standard of morality, so long as mothers think it is all right for sons to do what is intolerable in the daughter, so long we will have this continue. But when we stop that, we undermine the whole problem. We know the law of supply and demand is this, that one is practically dependent on the other: that mothers of to-day are gratifying both the supply and the demand for the awful trade of white slavery, the awful prostitution which has its hand upon the whole country. And when we stop to consider that such contagious diseases as measles, chicken-pox and whooping cough must be reported as dangerous to the community, but that such diseases as syphilis and gonorrhœa (the most dangerous diseases in the world) are not permitted to be reported, what else must we expect except the transmission of those diseases not only among the unfit, but among the best classes of society? So we are constantly making people unfit—not only from those already unfit, but making the unfit from our own class of society, because after our children become infected with syphilis and gonorrhœa, they are no longer able to transmit good stock and they become part of the unfit and a part of the class we are talking about to-day. So to my mind one great work for men and women of the better class to do is to promulgate the theory of education along this line. The education must begin with the mothers and the younger children. We certainly are beginning to gain a little headway with our best class of women. They are opening the way here and there for the discussion of these topics in their drawing rooms. It is a great pleasure to me to hear from Dr. Hopkins that this work is being carried on in Wisconsin so effectively.

THE CHAIRMAN: Dr. Gordon will you reiterate what you said fundamentally in regard to eugenics, the dominant and recessive types, that we may carry that home with us? You also spoke of the gathering of data which shall be important as it accumulates in this matter of eugenics.

ARTHUR H. GORDON, M. D., Chicago, Ill.: Closing the discussion on "Mendel's Law and Its Relation to Child Culture" Prof. Davenport has made a request of every physician and every slum worker, every one who comes in contact with any statistics which will be of service to him, to report them, and he will furnish the blanks which will indicate the information desired. If any of those to whom I have spoken, laymen or physicians, will write to Prof. Chas. Benedict Davenport, Cold Harbor, N. Y., he will furnish these blanks. He and his wife have given their lives to this work and they are the most prominent workers in the field at the present time. I was somewhat surprised on reading a recent article by a very progressive reporter who had evidently interviewed Prof. Carl Ryerson, who has charge of the Galton Laboratory in London. The article was published this year in the American Magazine, and the writer evidently knew nothing of the tremendous amount of work that has been done in this country along the lines of eugenics. Davenport is far ahead of all the other workers and I would advise you to read his latest work, which is now in its second printing, entitled "Heredity in Relation to Eugenics." It is a revelation to any one who has no knowledge of this great work. There is published a magazine devoted exclusively to this subject, called "The Eugenics Review." Many remarkable papers are continually appearing in this magazine. It is published in London.

Mendel found, by experimenting with the common garden pea, which has certain distinct types, that by taking two of the distinct types and breeding them together, in the first generation they will be all of the dominant type. The dominant type in his selection was the red pea, or the one that has the red flower. In the second generation, taking these and mating them with each other—not with the original first father and mother, but with each other—there would be one-quarter of their progeny which would be dominant, that is, would have the perfect characteristics of the original dominant or red pea; 50 per cent. would be of the middle class, which would present characteristics of both; and 25 per cent. would represent the white flower, which is the recessive class. And he found that this law was absolutely infallible provided you could get two distinct types to experiment with, and that this law obtains not only in flowers and in all forms of plant life, but in animals, which was the next step in his investigations. And, finally, Davenport and many others of whom I have spoken have proven that it is absolutely just as infallible in human culture as it is in plant culture or in animal culture.

Now this law of Mendel is not subject to variations, but there are other terms used in describing it: One is the absent and present, taking the place of the dominant and the recessive—the dominant being the present and the recessive the absent type. Then it is called duplex, simplex and nulliplex, which, perhaps, better conveys the meaning, the duplex being the dominant type, the simplex the mixed culture or dominant-recessive and the nulliplex being the recessive type. Then they go on into the deeper water and trace out the results of unions of the dominant, unions of the simplex and unions of the nulliplex, all of which have been formulated on what would seem to be absolutely infallible laws which will breed true for generation after generation.

As far as my paper is concerned, I have nothing further to say. If any one desires to ask questions or would like further information, I will give it so far as I am able to do so. If not, I want to say something about this other subject which Dr. George has so fully discussed.

I am going to take the standpoint of the male. I can do this with this audience. I want to ask: "Why are not the girls educated to keep their hands off the boys?" Here is the case of a girl who was employed by a family of fine people, known as such for many generations. The mother had carefully reared her two sons and the husband was apparently a very nice man. She was forced for special business reasons to absent herself from the city of Chicago for several months and she left her home—they were not wealthy people—in charge of this young woman, who was

housekeeper. She had not been gone two weeks before the younger boy came to me with gonorrhœa; in three weeks the older boy came to me with gonorrhœa, and in four weeks the husband came to me with gonorrhœa. Now there is something to be said on both sides. I do not believe, personally, that that family could have been corrupted in any other way except by the close proximity of this girl, who was not only immoral, but diseased.

The second point that comes to my mind, perhaps following this out is "Why not sterilize the female?" Is not the female just as apt to continue criminality, insanity and many of the other conditions which are described under the words bad or unfit? And why did not the Indiana law make it possible to sterilize the female? I really give great credit to Indiana for the progress she has indicated by the passing and enforcement of this law. I believe they are travelling along the right lines, but I think they ought to consider the female as well as the male.

In regard to vasectomy, vasectomy does not prevent rape and other erotic crimes. Davenport says segregation of the kind we have had, keeping a person confined a few months or a year and then letting him loose upon the people, is not sufficient. Real segregation should begin with the period of productivity and a separation of the sexes should be made; that this is ideal and just as practical as these operations. However, personally, I believe that vasectomy is a splendid thing in selected cases and that the Indiana law is well thought out when it brings these matters up before a board and then before two surgeons, selected for their ability and skill. That seems to me to be a good law.

In regard to the registration of venereal diseases, I believe as Dr. Wood expressed himself last night, that it is not best to register every case of venereal disease. I have not been educated up to that yet, but I do believe that there should be a law requiring the registration of all prostitutes who are diseased. There could be no possible objection to this from any point of view I can think of. Many young men of our best families who often become diseased in one straying from the straight and narrow path, visiting these women, would be protected by this plan.

I have a family which illustrates the necessity of some law regarding the regulation of marriages among the unfit. The father is feeble-minded and a drunkard, one son is an epileptic and partially paralyzed, another son is dead of tuberculosis and the one remaining boy seems to be normal. He is a beautiful boy, upright, honest, does not drink and is as fine as you would wish a young man to be. He is paying particular attention to a girl in another family of mine who is an epileptic, whose uncle was an epileptic, and epilepsy has been present in their family for six generations. She is the only one of a large family who is epileptic, none of them are feeble-minded, some are brilliant, mentally, and all seem to have good health. Ought not that marriage to be prevented? or, at least, ought not these young people to be sterilized?

REBECCA ROGERS GEORGE, M. D., Indianapolis, Ind.: I think these questions are very pertinent ones and I am very glad they were asked. As to why the principle of vasectomy should not be utilized in the woman as well as in the man, the ligation of the tubes in the woman is the operation necessary for them and it is a much more serious operation; also from many standpoints, it might not be necessary. But that is why you cannot push the law now, because you are not ready to subject the woman to a major operation. Vasectomy is rapidly done.

"Hands off!" Is what I have been preaching for years. If you do not remember any other words remember these two, and I will guarantee you will not get into trouble nor get any one else into trouble. No girl can ever get a man into trouble if she remembers and heeds those two words, and it is just as necessary for a boy to be trained, to observe that law. I have often heard that girls are quite as much to blame in this matter of unfortunate circumstances as the boys and our boys are just as worthy of being saved as our girls. Our boys need it and our girls need it.

ELIZABETH H. MUNCIE, M. D., Brooklyn, N. Y.: In regard to the registration of prostitutes, what good would it do? The woman, when examined, might present no appearance whatever of either gonorrhœa or syphilis, but with the very next contact, with the very next man who might have gonorrhœa or syphilis, she becomes infected, and it seems to me that after all it would not work out practically. I believe it has been proven that it cannot become practical.

If I may again refer to the remarks I made a little while ago. In our city there is an increasing indulgence in the use of wines among our young people. It is the expected thing to go to a 'hotel for dinner after the theatre, when nearly every woman will be seen drinking some kind of light wine. We know that white slave panderers are using that measure to entrap girls. I said to my nurses: "Do you know what you have escaped? You ought to get on your knees and not only thank God 'to forgive you for this first offence, but thank Him that you are safely in your room. Whatever the man might have been with whom you were associated last night, he had the decency to hire a taxicab and bring you home." These girls were brought up in Christian homes and I believed them thoroughly when they said it was the first time they had taken any wine, and that this young man had told them that the drink was of a nature that would not affect them at all. They remembered they were brought home in 'a taxicab from the hotel, but did not remember getting up the stairs and in their room. I found that these girls knew nothing of the white slavery traffic, and the fearful dangers they were inviting. I made the picture as alarming as it really was. I was like a roaring lion when I went into them, but we were on our knees talking to the Heavenly Father before we got through, and I believe it resulted in the spiritual birth of these two girls.

This represents what our ignorant, untaught girls are unmittingly getting into. During the last three years every girl that has come to me in trouble has told me the same story: "I went out with him and we had light wine; I did not think it would do any harm; I do not know what happened." There is need for a strong fight against all forms of intoxicants as a prophylactic against sexual sins.

DR. EDWIN LIGHTNER NESBIT, Bryn Mawr, Penna.: Discussions of the subject of eugenics have been more academic than practical until recently.

Now that the subject bids fair to survive the fad stage, practical suggestions are forthcoming to enable us to adapt its principles to the great problems of human reproduction.

To this end, I desire here to offer two suggestions. The first one is—that the "family" physician presents both an ideal and a practical way to *bring home to the individual* the necessity to know and apply eugenics personally. I believe that the pendulum will soon swing back again to the "family" physician; and there will be a demand for the medical adviser to families. Because he is voluntarily selected by the parent or other one responsible for the welfare of the family unit—father, mother and child—the family physician is in a position of advantage—tactical as well as professional—better than any other one person, to instruct parents, sons and daughters against the consequences of unsophisticated marriages. As yet no agency—not even the State—can do more than educate and warn against undesirable unions. Compulsion is impossible, except in a few clearly defined disabilities. If *early enough*, a thorough understanding of the consequences through the family physician will go farther than any indiscriminate public instruction by press or platform (good as such may be) or through fear engendered by impractical legislative threats, which can neither be enacted nor enforced.

But in order to be "early enough" parents must be impressed with the greater necessity of selecting playmates and companions for their sons and daughters—the always possible husbands and wives of their children—with a view to physical, mental and moral competency even more than for economic or social expediency.

My second suggestion also lays stress upon the "early enough" appreciation of things *as they are*; that the medical profession exert its great

influence toward reestablishing an old chivalrous custom which required a man with honorable "intentions" to seek the permission of parent or guardian to address his attentions to the object of his fancy before proceeding to do so. Such a notion, at first, seems too fanciful for serious consideration; and yet I venture to predict that such a custom sanctioned by social usage would go further to prevent ill-mated unions than even a double health certificate before marriage ceremonies—because it operates before the infatuation become deep-seated and malignant. Romantic love-at-sight affairs will doubtless continue through time in spite of eugenics, theoretical or practical, but a great many of the less virulent variety could be easily antidoted in the early stages by a few prophylactic interviews with a hard-headed family physician, provided he is called in "early enough." Even without the warning of a chivalrous social custom, most fathers or mothers have some presentiments as to the probable trend of events "early enough" to summon professional assistance before, at least, two human lives are more or less deeply shadowed.

SURGICAL AND GYNAECOLOGICAL SOCIETY

SENSUALITY VERSUS SEXUALITY.

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Historians and sociologists tell us that America is but repeating the story of Greece and Rome; that our wealth and enervating luxury, together with its accompanying Godliness and immorality, are but a repetition of the condition that preceded the downfall of these great nations.

That such is to be our fate seems all too probable, unless, indeed, we have some saving grace which these nations did not have. This *saving grace*, however, we feel that we have in the form of advanced medical knowledge. To this we must turn for rescue from that moral and physical degradation which destroys home and that clean virility without which there can be no *national greatness*.

So long as simple laws of eugenics were taught and lived these ancient nations were great. The men were brave; the women, heroes in self sacrifice; the youth, the pride of the civilized world and the envy of lesser nations.

But when licentiousness came in then the homes were desecrated; the lamps of Vesta dimmed; the hour of downfall struck, and we who read to-day of the greatness of these nations wonder how people who had once seen the Vision could have fallen to such depths.

In our own time, with licentiousness rampant, we place our hope of salvation in the knowledge which, in these late times, we have of immediate physical causation for sexual immorality and of surgical cure for the same. Moreover, since everything has its moral and mental prototype, great hope, too, lies in our increasing appreciation of physical causation.

Greece and Rome, although they rigidly enforced certain eugenic laws, had little knowledge of those things which we, with our microscope and anæsthetics know to-day. In those early days there were no anæsthetics making surgical exploration possible; no microscopes to reveal to us the existence of germ life years after the supposed cure of disease. These ancient people strove to produce strong, tall, straight youths for the army, to be sure, but there was little effort made to establish eugenics as we understand the term to-day. In our knowledge lies our hope, from it we take courage; for no longer does the educated man interpret debauchery as virility; no longer do the clergyman and the doctor confound pathology with sin.

We know now that sexuality is one thing; sensuality another. Sexuality is as beautiful as sensuality is hideous. Purity of thought will clear away sensuality; but it will not emasculate us. Purity is not sex oblivion, but sex at its fullness, washed clean of lust.

From sexuality emanates the force out of which everything great is made. Sexuality is the factory, the power house, and we are beginning to catch a glimpse of what good this great and fundamental force may do for the world.

Sexuality is constructive; sensuality is destructive. And the man or woman who wallows in sensuality is a moral leper whose poison passes down from generation to generation.

Sensuality is sexuality diseased; and this brings us directly to our theme, which is the consideration of this national disease—sensuality. What is its etiology, what its symptomatology, what its treatment, what its prognosis?

Definition.—Sensuality is a contagious, infectious, degenerative mental disease, characterized by moral demoralization, and affecting through the sympathetic ganglia and branches the reproductive system.

Etiology.—A disease characterized by distorted moral sense, atrophy of soul, degeneration of ideals, deterioration of character, originating in youth, but encountered in all ages, all climates, all latitudes, primarily a disease of the male.

Causes.—Mental and physical, predisposing and exciting.

Physical Symptoms.—Unmanly carriage, insinuating eye, drooping shoulders, gradual decadence of spinal marrow, incapacity to stand erect, gonorrhœa, syphilis, allied constitutional diseases.

Moral and Mental Symptoms.—Loss of fine appreciation, brutalized facial expression, fixed idea-copulation, decadence of chivalry, absence of consideration, dulness of perception, presence of abnormal self-complacency.

Prognosis.—Grave in youth, serious in early manhood, hopeless in middle and after middle life when degeneration of soul centres has set in, fatal to mind, soul and body.

Treatment.—Preventive and curative.

a. Preventive.—Generations of decent ancestry, a responsible conception, clean gestation, right early environment, wise and Christian parentage, early and scientific instruction at the mother's knee.

b. Curative.—Change of thought, conversion to sane ideals, in extreme cases, quarantine and sterilization.

We are spending millions of dollars yearly to stamp out tuberculosis, to provide food and shelter for the undesirables and to build institutions for defectives, millions that ought to be used in beautifying our cities, in educating our young and in establishing laboratories for scientific research.

In poor old New York alone, a city of wealth and debauchery, a city beautiful to look upon but honey-combed with vice and degeneracy, in poor old New York alone recent statistics prove that there are 20,000 *known* prostitutes and 225,000 *known* venereally diseased men. And not a physician in the city but realizes that these numbers represent but a part, could facts be sifted to the bottom.

And all this is the direct result of the disease-sensuality. And yet so opiated are its victims, so opiated are the states and municipal authorities, so opiated are the teachers, clergy and physicians, that this disease is allowed to stalk ad libitum through the streets, to invade our homes unrestricted in freedom, to stand unabashed in every walk of life, little pains being taken to protect even the children of our land.

Down through the ages we have filled our minds with such perverted ideas of sex that a youth, unless he is fortunately blessed with wise and sensible parents, knows not whether to answer the call of the wild in himself, or to battle for what we call chastity. This very confusion and uncertainty leaves him open to any influence, for the *wavering mind is a menace always to itself*.

We have taught the youth that the natural overflow from the testicles is dangerous, and have taught him that these danger signals must be heeded; that it is Nature's demand for full sexual expression. There may have been in the past some measure of excuse for such teaching; for until the coming of the microscope medical science had not revealed the true nature of semen, and the fact that true semen does not escape in the occasional involuntary emissions. Nor have we known until recently that Nature has herself provided means for invigoration both to mind and body through the reabsorption of the internal secretions.

Because we have taught these lies to our youth we have driven them, by thousands upon thousands, to quacks who play upon their ignorance and terror to fleece them financially and bankrupt them morally. This matter of quack doctors, Dr. Stanley Hall, author of "Adolescence," has elaborated in magazine, book and lecture field.

Again, because we have taught the doctrine of necessity to our

youth we have left him to conclude that it remains for him to choose one of three courses: The brothel, with all its dangers; masturbation, with its degrading consequences and perversions; or appropriation to himself of some good woman, ruining her life and happiness, in order that his licentious body be saved.

Again, because we have taught our youth untruths most of them are to-day a menace to the health of any woman with whom they come in contact, and their low ideals make happiness in marriage almost impossible.

There remains but one course for us, as physicians, to pursue. We must spread the gospel of the new physiology, which is:

a. Moderate involuntary emissions are not a symptom of ill health.

b. That continence—since the glands associated with the generative organs are under control of the sympathetic which never slumber nor sleep—does not atrophy or in any wise deplete the organs; but that, on the contrary, the youth who absorbs most of his own semen is the strongest and most splendid masculine man.

c. That the more truly virile a man is the less persistently irritable are his sexual organs.

Again, because of these lies which we have taught to our youths 60,000 white slaves die every year; 60,000 mother's darlings have every year to be supplied to fill the vacant places sacrificed to sensuality.

Can we, as physicians, to whom is entrusted the public health and the closest of confidential relationship in the homes of our land, can we longer blind ourselves to this disease?

We have allowed indifference to obtain until now we stand appalled at the conditions which exist in our high schools, in our colleges; yes, and even in our grammar schools.

The time, however, is now ripe for action, and the public is demanding that we investigate, that we find a *remedy* for the present conditions.

In order, however, to *find* a remedy we must search out the causes, for like all other diseases sensuality has causes—both physical and psychical.

These causes act and react upon each other until the individual, lost to all sense of normal conditions, becomes permeated through and through with the virus of the disease. All God-given harmony is gone; the music that *should be* becomes discord.

Even a Paderewski can get no harmony from an instrument out of tune. No more can the sensualist catch the sweet strains of normal sex life.

These physicians, however, who have learned to regard the nerves as a system of live wires, realize that when these nerves are irritated at the sex centre, which is the power house of all life, the victim is filled with suggestions so unholy that he cannot sense purity, much less attain it. Such physicians look at once,

when called upon for help, for possible physical causes to account for the patient's sensuality. In so doing we often find that he needs the surgeon and the hospital rather than the reformatory.

As practical examples of physical causes of sensuality I would call your attention to the following cases, and hasten to our conclusion:

A little girl of nine years had become a degenerate from masturbation. Her habit was not even covered. So indifferent had she become to all punishment and persuasion, and so bold in the performance of her habit, that she was finally isolated from other members of the family. She stole, she lied, and had lost all moral responsibility.

When, however, a surgeon relieved her of a redundant and adherent prepuce her condition was greatly improved but not completely cured. Six months later the clitoris was extirpated in its entirety. She is now twenty years of age, a charming, normal young woman, a happy wife and mother of two healthy children.

A little boy of nine months had constant erection and began masturbating. Circumcision partially corrected the distressing condition. The correction of an osteom completed the cure.

In the first case the redundant prepuce irritated the terminal nerves of the sexual system. In the second, the trunk of the same nerve was irritated. Either capable of producing a pervert.

A young woman of high standing in her community and her school, where she taught a class of adolescent boys, confessed to me her struggles with suggestions of a sensual nature until she said, "I can struggle no more, I am afraid of myself in the presence of men. I must practice self abuse. I cannot help it." And as in so many of these cases, she expressed the familiar fear of approaching insanity.

Examination revealed in this as always in such cases, physical nerve impingement about the lower orifices of the body.

Accordingly a surgical operation to relieve the adherent prepuce, to remove the retained smegma that constantly called her attention to that part, amputated the serrated and hypertrophied labia, smoothed the vagina of irritable carunculæ and serrated hymen, dilated, curetting and packing of the antifixated uterus (which usually completes the clinical picture of these cases) restored the young woman to normal life, and she is to-day one of the most successful and powerful proprietors of a large mission in one of our great cities. She knows whereof she speaks.

In her case had the adherent prepuce received early attention the long train of resultant pathological conditions would have been absent.

A man of high standing at middle age became insane. Three years prior to this calamity the writer, having learned through invalidism of the wife, whom she was treating, the sexual habits of this man, had summoned him and urging moderation of his sexual relation for the good of the wife had learned that his idea

of virility—even though a highly educated man—was that a most frequent functioning of his sexual powers meant greater power as an orator and preacher. As a result of this erroneous idea indulgence was repeated several times every night. He also confessed to a fear of his loss of self-control and consequent disgrace should his wife be taken away from him, and being a man of desire to keep right he suffered morbid fear of being away from her any length of time. It is hardly necessary to say that his natural oratory power had begun to fail and his audiences to dwindle. He was advised to immediately have an operation for the removal of a tightened foreskin and middle hemorrhoids. So fearful was he of losing his "virility" he declined the surgical work, preferring rather a sickly wife and his supposed manliness. To remove the scales of sensuality from his vision was impossible so long as the shackles remained on the terminal nerves of his pelvic orifices, even though I thundered at him oracles of high ideals, of scientific facts, and, furthermore, a prophecy of his insanity inside of two years.

Three years had rolled by and, sure enough, he had been insane just one year when again he fell into our hands. This time with a subconscious conviction of his insanity—that he connected with my prophecy of three years before.

He was then circumcised, and never a boy needed it more than did this man of the clergy, and the father of grown children. His hemorrhoids were also removed. And, presto-change, he became a new man, and caught the first glimpse of true manhood he had ever known.

He is now able to conserve or allow to functionate, at will, his sexual existence. He is capable of satisfaction, and joys in all things of which he never dreamed before. He is also moderate in all things. His wife is happy and well. His preaching is blessed of God. He is a grateful, virile, self controlled man.

Many similar cases could be cited, but these four represent a class of physical causes leading up to the physical cure of sensual ideas and desires of the diseases in question. In this connection also should be mentioned a telescoped sigmoid flexure, which is responsible for such erotism of the sexual system in both man and woman.

PSYCHICAL CAUSES OF SENSUALITY.

And now let us consider the psychic causes of sensuality. These may be classified as both predisposing and exciting. For these causes we must look into past generations as well as into the child's own immediate environment.

EXAMPLES OF PSYCHIC CAUSES LEADING TO SENSUALITY.

A child is born of a lineage of uncontrolled sexual desires. His conception takes place under conditions of selfish masculine rights regardless of the mother's feeling in the matter. She is, there-

fore, constantly in a mental attitude of silent rebellion. She feels defrauded and humiliated. Her real womanly sexuality is killed. Because of her enforced slavery her whole being rebels against an unwritten and accepted law of man's superior privileges and woman's subjection thereto. Her youthful dreams of wifehood are buried in the ashes of her love. She is not ready for maternity under those unfair conditions, with her love nature misunderstood and defrauded of right expression, and the resulting conception is unwelcome, blessed neither by God nor man. Merely a miserable, disappointing accident.

In such a home there exists no ideals, and as the child of such parentage comes to an age to ask questions the mother, hating everything pertaining to sex, is in no mood to teach the child rightly. She cannot teach him the beauty of sex life rightly lived, for she sees no beauty in it. About the whole matter, then, is thrown a miserable secrecy. The mother cannot and will not explain and the child gets his information elsewhere—in the school-yard, in the street.

Even though the child receive no definite sex information outside his home, he absorbs as only a child can absorb into his subconsciousness a feeling towards sex common to that existing in the minds of his parents.

If to this unfortunate inheritance and environment is added physical irritation from a tightened foreskin, the child, when he comes to puberty, is already a premature sensualist. He is ready, when his elders tell him their hellish lies in regard to necessity and prostitution, to accept their teaching; and let us never forget that for every boy thus taught there must come to be a ruined girl.

A boy like this, untaught and unprepared is sneered at because he has not had gonorrhœa; and even granting that he may struggle for a time with a certain inherent sense of right and wrong, he has no foundation upon which to stand. Especially when his advisers are sometimes his own physician and college professors—what fate is there for him? What future has he other than that of a youthful libertine, which in due time will pay his bitter price in disease and suffering?

Such a youth is like a ship without a rudder, he is at the mercy of wind and wave.

Such a story has very recently come to our notice; and in the end the young man, sending his wife back to her father, diseased and ruined, saying that he could not support her, boasted almost in the same breath that he preferred the thirteen other women whom he controlled to his wife.

As to the treatment of these cases of sensuality. We have already spoken of physical conditions which produce the diseases and of the treatment. Let us now consider preventive measures. Prohibitive, sanitative, regulation and emasculation of the degenerate, though of primary importance, we cannot take time here to consider.

Carrying the matter to its final analysis we must recognize first of all as in the physical realm the primary cause—that of inherited wrong-thinking together with a wrong atmosphere of early childhood. Subconscious mentality, we must recognize, stands back of all.

There is but one course, then, to pursue—we must begin with the parents of to-day who have little children. They it is who must be taught the truths of sexuality so that they may as far as in them lies the power, begin at once to counteract inherited teachings by supplanting in the subconscious thoughts that are right, sane and good, both for the child and for the race.

Between the child and the parent there should be no secrecy; he should even in early childhood feel that he is a part of his parents' every interest; that they are interested in his desires; that they feel that he is interested in theirs; that perfect fellowship exists between them, and that he may rely upon his parents for honest explanation of any and every problem that comes to him as he goes out into the world.

A child thus taught has no use for the filthy companion, for the filthy story. His trained tastes rebel at the low instincts of the street child; he knows how to weigh his sentiments against theirs, and having when very young learned to turn to his parents as his guides he will continue naturally and freely.

We do not half appreciate the influence we have upon a little child, forming it and bending it to what is right and best. Many a child is wilful and hard to manage in matters of opinion and will; but in matters of subconscious absorption of whatever we place habitually before him he is pitifully at our mercy—to make or to mar.

Those parents whose children are already in their teens can, however, do very little along sex instruction unless they have done so long before. Youths are self conscious when at adolescence, and the parent's opportunity is past. For such children there must be help provided outside the home; these young people are full of wonder, they long to know, but the teacher, the physician must be their instructor now; at this age they will take from the teacher, pastor or physician what they will not from their parents.

Some provision, then, must be made for these young people who stand to-day upon the very threshold of life; some one must teach them their duty towards themselves and towards the community of which they are a part.

Some provision must be made for teaching them the truth of their newly awakened nature; they must know the dangers into which they walk all unconsciously, and for their own sake and for the sake of those with whom some time they will be closely associated we must paint the dangers as black as they are, sparing nothing.

We must, however, show them at the same time homes in which

right conditions prevail, where consideration and companionship bring joy and happiness. They must be taught that after all sane living brings truest home happiness; that young people whose children are welcome secure to themselves a happiness that the common sensualist does not know. They must be taught that the young man whose heart is in his home, his wife and children gets far more out of life, is more loved, is happier in his love than the youth who lives an unclean and wandering life. They must be taught that a home in which there are mutual trust and companionship and mutuality of simple and sane interests is the most satisfying place on earth. Many a man steeped in sensuality finding his supposed happiness in the brothel has been converted to sane ideals through coming in contact with one of these homes in which cleanliness and comradeship reign.

Before publishing my book, to further substantiate my position, I sent fourteen questions to fifty senior medical students, business men and clergymen. These questions I asked them to answer with absolutely honesty and to sign no names. Every one of these papers was promptly returned, the questions answered fully.

The first question was: At what age did you learn about sex matter and from whom?

Every man who answered said that he had been told of self abuse while in the primary department or before entering school at all. Before sixteen years of age most of them had been told of lewd sexual relations. Thirteen replied, and be it to the credit of their parents, that while very young they had received right instruction from parents and had thus been prepared for what they would meet in the outside world.

Not one of the boys who had thus been taught had entered into sexual sin; and several of them said in reply to the question: Were you ever advised to indulge in illicit sexual relations? "No, I was never so advised; my elders knew where I stood and so knew better than to so advise me."

Y. M. C. A. experiences have taught me that most young men do look forward to home and wife and children, and if this be true, it is not a hopeless task to change the prevailing sentiment among the youth of our land. They are more ready for right teaching than we realized; and while we may see little progress in our own day, we may take courage and believe that with the mother of to-day being taught her duty in sex matters towards her children, and with the young man and young woman of to-day being taught their duty towards themselves and towards their homes to be, marked improvement will be seen before another fifty years had passed away.

Summarizing, then, my appeal is that we, as physicians, recognizing as we do our peculiar relationship to youth and our opportunity to raise the normal status of our land, learn not only to listen, to befriend and to serve with sympathy those who send out to us their cry for help, but that we learn to serve them *efficiently*.

In order to serve them efficiently we must ourselves understand, first, that back of all sensuality lie the psychic suggestions that have come down through the ages of unclean thinking creating a race mind that permeates, generates and impels. We must, then, bring to our youth the counteracting fact and the positive message which later findings in physiology give us in relation to disease and necessity.

Second, that we learn to recognize even minor physical abnormalities, irritations and pressure; acknowledging that these are conditions with which we must reckon in our attempt and desire to influence for good; that until wrong physical conditions are corrected our moralizing and exhortation are but "sounding brass and tinkling cymbal."

Many a clergyman pleads with eloquence and fervor with his young parishioners; all of this is but wasted effort because he knows nothing of those conditions which we, as physicians, recognize or should recognize. Again, many a clergyman who has chanced to come into an understanding of the physical side of things sends his charges to a physician only to have them returned to him in worse condition than when sent there; because the physician, being ignorant of these matters, tells the youth that he is all right, thereby adding to the youth's heavy burden a hopelessness borne of the feeling that everything has been done that can be done or needs to be done.

If, then, after a time this youth gives up the struggle and succumbs, at whose door does the sin lie—at the youth's or at the doctor's?

When, then, the youth's problem has been wisely and carefully considered from the standpoint of physical, mental and moral pathology, *and not until then*, let us appeal to our boys as David Starr Jordan so grandly appealed in a recent address before the students at the Leland Stanford University, when he said:

"Young men, your first duty in life is to yourself. Your first duty is to so live that your after self—the man that you ought to be—may in his time be possible and actual. Far away in the twentieth century—in the twenties and in the thirties—he is waiting his turn. His body, his brain, his soul, are in your boyish hands. He cannot help himself. What will you leave for him? Will it be a brain unspoiled by lust and dissipation, a mind trained to think and act, and a nervous system true as a dial in its response to the truth about you?

"Will you, boy of the twentieth century, let him come as a man among you in his time? Or will you throw away his inheritance before he has come to it? Will you turn over to him a brain distorted, a mind diseased, a will untrained to action, a spinal cord grown through and through with the devil-grass of that vile harvest we call wild oats?

Will you let him come, taking your place, gaining through

your experiences, hallowed through your joys, building upon them as his own? Or will you fling his hope away, decreeing, wanton like, that the man *you might be shall never be?*"

DISCUSSION.

CHAIRMAN: I think you will agree with me that this is the most important paper which has been presented to this Association, and no assembly could be more competent to discuss it than an assembly composed of men and women who are physicians. This paper is now open for discussion.

DR. JAMES C. WOOD, Cleveland, O.: I quite agree with the Chairman that this is by all odds one of the most important subjects that we have had come before us. I feel that Dr. Muncie has not gone far enough in her estimation of the cause, though she is pretty hard on us men. At a recent meeting of the Detroit Homœopathic Society we had a symposium on the Social Evil. Dean Summers, of Chicago, who has taken a stand on the question of eugenics, declining to marry men and women without a certificate of health from a reputable physician, took the philanthropic side, the Prosecuting Attorney of Wayne county took the legal side, and I took the medical side, in which I discussed the subject from the standpoint of biology. I have this paper with me, and I am going to ask you to let me read it. There are two sides to this question, and I want you to hear the man's side. (Dr. Wood then read his paper, "The Sex Question," which will be published in a later number of the JOURNAL.—EDITOR.)

DR. H. PACKARD, Boston, Mass.: I want to say that I agree with Dr. Muncie in regard to the training of the youth, and that to my mind is going to be the main key to the solution of the question. The sexual passion is something that will not down. Start the boys and girls right, or as nearly right as possible. Start them right in life by the right precepts, such as have been so beautifully laid before you by Dr. Muncie, and the right must be in their own hands.

DR. REBECCA GEORGE, Indianapolis, Ind.: I cannot let this opportunity pass without expressing my very deep appreciation to Dr. Muncie for her most admirable paper. There is to me nothing more tragic than this question. We train our girls from a scientific standpoint to be teachers, artists, musicians, lawyers, physicians, dentists, and even ministers. She may have a thoroughly scientific training for any profession except the most important of all, the one upon which the welfare of the world depends, the profession of motherhood. Until motherhood is looked upon as a profession, worthy of trained candidates, we cannot expect much improvement in morals. You must begin with the child. If you wait until she starts to school you will wait too long. Therefore, until the present-day mothers have been taught how to treat the story of life in its application to the human, we cannot expect much change in the sentiment among men and women in regard to the great creative plan of God as applied to the human. It seems to me that it would be a very easy matter, if we would all work to that end, to make the education of mothers possible. We have but to recall that in this day of hygiene and sanitary science, in this day of pure milk, pure water, and pure food, we are still losing many babies each year. It is not because of lack of instruction on the part of the physician, but because we haven't enough mothers sufficiently trained to carry out instructions. Until mothers are taught to look upon creation from a normal and scientific standpoint, it will not be possible for them to look into the eyes of their children and tell them the great and beautiful story in the way in which it should come to the child. Fathers, of course, should be able to do the same thing, but the mother stands a little closer to the child, and, as a rule, the child comes to her with questions about this great story. The average mother of to-day, and that of yesterday and the day before yesterday, will turn the first childish

question aside. When once aroused in its mind, if it is not answered by the mother, it will be answered by some one else, usually the children of the street, or else by a servant, and they get the story from them in answer to a natural question. To my mind there is nothing more important to-day than the institution of training schools for mothers. This can be done in a practical way. The club women of Indianapolis are taking this subject up, and are threshing it out in a very thorough way. We have an association composed of mothers, whose children go to a certain school, and the mothers and teachers in that district combine in the discussion of the problem, so that eventually we expect to make it possible for the mothers to give the children the first chapter of the story in their homes and then they will go to school with their minds uncontaminated. There is no greater safeguard against vice than satisfied curiosity. If that can be done at home, when the child goes into the primary grades its mind will not be contaminated by vile ideas of life. A little later on it will be easy to teach another chapter by the study of botany. A little later biology comes up, and we all know from experience and observation that it is a very common matter for the class in Biology to talk of the reproductive organs in the lower animals, and think nothing about it. Why is it not possible to simply add another chapter, to apply the biological teachings to the human animal, so that the adolescent period is reached with satisfied curiosity?

To-day there are thousands of adolescents sending up the "C. Q. D." signal of distress into this great stormy sea, and because their messages are not received we are not sending out those helps, those ships of safety, which every adolescent needs at times when going through this troublous period.

To me there is nothing more important than to make it necessary to incorporate in the present system of education scientific information along this line. The education of the mother, so that she may be able to teach her children the importance of self-knowledge, self-reverence, self-control during childhood, will make it easy for them to observe those things when they reach the stormy period of adolescence.

DR. J. W. FRIZZELL, Great Falls, Mont.: This is a matter in which I feel intensely interested. I feel that our last speaker has struck the keynote. I want to compliment Dr. Muncie most emphatically on her excellent paper. I also second all that her successor said. It strikes me that there is another point or two that have not been touched upon relative to this matter. In the first place, we are told by scientists that from 95 per cent. to 98 per cent. of children are not wanted. Now the question of child murder is constantly in such a mother's mind, and after she has tried different methods and has failed to get rid of it then she will try to adjust herself to the situation. It strikes me, in the light of those who have made a study of heredity, that we cannot well get rid of the question of the influence of the mother upon the child.

DR. ALICE BUTLER, Cleveland, O.: My first introduction to Dr. Muncie was through a lecture at the Y. M. C. A. She lectured to men only on the sex question. A patient of mine recommended her book, "The Four Epochs in Life." I immediately got the book, and consider it one of the best I have ever read. Since that time I have kept a copy of that book always, and I give it to every expectant mother. I think it will do much toward making the child welcome in the home. I do not know of anything better that we can do than to pass this book along. I do not give it to all young girls, that is, girls not of a marriageable age.

DR. MUNCIE (closing the discussion): I am very glad to have heard Dr. Wood's paper; it is excellent and we must all agree that Dr. Wood's is particularly historically true; he has considered, however, what may be called sex type. Real sexuality is as beautiful as sensuality is hideous. We have been talking about sexual abnormality, which I call sensuality.

For centuries women and girls have been taught suppression, while our boys and men have been taught unlimited expression; we have, be-

cause of this, the present problem of sexual inequality, as all physicians know too well.

The proper teaching of sex facts and the fundamental principles of love and life leads, I believe, always to love for and desire for children. It will, moreover, I believe, develop a more normal sex life for both men and women.

In regard to the question that has been raised as to women's desire to "be rid of" children. I think we are undergoing a great change in this matter. In my own youth I know that it was rather general that a young wife or prospective wife should consider it rather a disaster to find herself pregnant; there was little poetry in bearing children a generation ago; there were not the artistic and attractive conditions and sentiments then as there are now. I do not know whether the experience of other physicians has been the same as mine; but I am finding that within the last five years young women are not asking, as they once did, "How may I avoid having children." But, rather, "How may we live in the marriage relation as to have children under the best conditions—under conditions that shall be best for the child?" I find the desire for children and a realization of the joy of rightly born children decidedly on the increase. Not one woman has come to me in the last year asking how not to have children; while many have come asking how to have the best kind of children. One woman said recently, "I am a business woman; I am about to marry; I want children and my husband to be, wants them; but I need to get rested first in order to give our children the best possible conditions."

Women are developing along lines of intelligent motherhood just as they are developing along all lines. They are taking a sane, moral, scientific, intelligent view of sex matters; their knowledge is increasing and with it their sense of responsibility; for education along any line means increase of sense responsibility; that we all know.

Yes, it may be that the broader knowledge of these things will bring compensation along with it; there are always those who abuse all development; and I am told that in a certain society in New York City, where sex socialism is talked all too freely, even self abuse is commended on the ground of the past history of Sex Worship—Phallic Worship, as it is called.

DR. WOOD: May I ask what class of people is teaching this thing?

DR. MUNCIE: I have not heard them myself, but a professional friend who has attended their meetings tells me that this thing is taught.

Another question that has been brought up in this discussion—Is it well to put books into the hands of young people? I say, yes; a book of the right kind has the influence, I believe, to arouse a love for motherhood; every boy and girl ought to love parenthood; the man or woman who does not care for children is not fit to be alive. Of course, one should use discretion in choosing a book to put into the hands of young women, boys and girls; but I believe the influence is for only good. One boy of thirteen, who had read one of these books, said to me, "I have read every word of this book; and I know now all that I need to know until I am married." "I wish that every boy in the High School could read it, too," but, he said, with a sorrowful look, "I guess with some of them it would not be of any use, they have gone too far, it would be like 'casting pearls before swine.'"

Now a boy who can speak like that is not being injured by such a book; he is not going wrong. I have seen only good arising from right reading for girls, as well as boys of thirteen and fourteen.

Sex is a wholesome subject; it should be treated as such. Perhaps some parents have made a mistake and have taught these matters too early; but we must admit that children learn far too early unwholesome versions of sex facts; the mother has need to watch her children; and she must be ready with right and wise teaching when the time comes; the time to begin to teach a child is when the child begins to ask; from that moment the mother has no right to evade; but she must deal wisely with the child.

THYROIDECTOMY.

BY NEWMAN T. B. NOBLES, M. D., CLEVELAND, O.

The satisfactory establishment of surgical efforts for the radical removal of the pathological thyroid gland must be accepted as now thoroughly accomplished.

Personally, my experience with 106 cases of colloid and cystic goitre without a death leads me to believe in the safety and thoroughness of this operation. The question of mortality naturally arises in the consideration of any operative proposition. Hæmorrhage, injuries to nerves and parathyroid bodies have to be reckoned with very often. The proper selection of cases for operation and a good technique will be the means of keeping the rate of mortality at a minimum. In certain cases the two-stage operation will bring brilliant results.

A great point in the operation is to operate quickly. The condition which we are trying to relieve in many instances is associated with a myocarditis, and it is wreckage with which we have to deal. The time necessary for the proper performance of the removal of the gland ought not to exceed 30 minutes. Some glands can be removed in much less time. The use of nitrous oxide anæsthesia does away with the dangers of ether and chloroform. To be sure the danger of hæmorrhage is somewhat increased, due to the fact that nitrous oxide raises the blood pressure. This objection is offset by the little or no effect that nitrous oxide has on the heart and lungs.

It is better to prevent hæmorrhage as we go along. All superficial veins are ligated and divided. The capsule is opened and the gland delivered, all adhesions being carefully separated. If the larger arteries are easily located they are controlled. If not seen I pass a needle threaded with No. 2 plain catgut through the upper and lower poles of the gland. These ligatures when tied usually control active bleeding. That portion of the gland between is then removed. I do not use the Kocher clamp. I handle the tissues as little as possible to avoid expressing any of the glandular secretion into the wound. I satisfy myself as to the control of hæmorrhage before closing the wound. A cigarette drain is passed through a small stab wound. The patient is then placed in bed in a sitting position for several hours. Saline solution is given in generous amounts.

One of the most important points in this operation is to recognize the capsule and work within its confines. By so doing we are able to remove tumors extending well down behind the sternum into the chest and in any part of the neck. The size of the tumor, as a rule, does not affect the operative technique. The very large tumors are often more readily removed than the small toxic goitres. It is impossible to tell from the external appearance just what the dimensions of the tumor are.

The surgical importance of the parathyroid glands is their possible extirpation during excision of one or both lobes of the thyroid gland. Continued experience in looking for the parathyroid glands has emphasized the fact that their easy identification is not a simple matter. Lymph nodes in the region of the thyroid gland are numerous, and, at times, their size and relation are unmistakable from the thyroid glands. The positive recognition of a parathyroid gland by its separate arterial twig no longer holds true, since numerous lymph nodes have been observed to possess separate vessels, likewise springing from the inferior thyroid artery. It is really unimportant that they should be recognized and isolated during surgical operations on the thyroid gland, because a knowledge of their usual position obviates the danger of their removal or exposure to traumatism. Clinical proof of this fact is the rare occurrence of post-operative tetany in the hands of those surgeons who have recorded a large number of goitre operations. Since post-operative tetany is so rare, owing to the establishment of a surgical technique which practically ensures the integrity of the parathyroids, the necessity for transplantation of parathyroid glands is somewhat remote. The impossibility of recognizing an excised parathyroid at operation, its identification being certain only after careful histologic examination, emphasizes the futility of attempting to re-implant the granule. The failure of tetany to develop in those cases in which total thyroidectomy had been performed with ligation of both thyroid arteries is explained on the basis that existence of an anterior and posterior pharyngeal arterial anastomosis sufficed to ensure the vitality of the parathyroids.

Exophthalmic goitre becomes a surgical disease only after it has been shown that medical treatment is of no avail. We must bear in mind, however, that a certain percentage of these cases will recover spontaneously. In about 30 per cent. there is an almost entire subsidence of the annoying symptoms with absolutely no treatment whatsoever. Another small per cent. will be cured symptomatically by non-operative treatment. These facts are too well known to require further comment.

We know, too, that a very large per cent. of cases will require surgical treatment. Surgical treatment must be undertaken before there has been practically hopeless destruction of the function of the heart's muscle and of the nervous system. The heart muscle itself does not gain very much in strength after the operation because of the fact of the degeneration which has taken place during the time this muscle was exposed to the poison before the operation.

We can hope in those cases not cured medically to stop the hypersecretion of the thyroid poison by removing the source directly.

There is no doubt in my mind that an operation is to be recommended earlier than is the custom. In the prolonged disease the

damage to the myocardium may never be repaired, and it is unwise to wait until this important structure is irreparably injured.

I make the low collar incision. Either end can be extended so that the field can be thoroughly inspected. We can provide for similar conditions on both sides, and as a result we have symmetry after the operation, and we overcome the possibility of scar by inserting subcutaneous stitches for the purpose of relaxing tension on the skin itself, and thereby preventing thickening along these lines, which occur in case the subcuticular suture is employed throughout. Unless we protect the recurrent nerve we are bound to have trouble. There are two ways in which this can be done. The first consists in the dissection of the capsule of the gland throughout until you come to the lower portion of the gland when you expose the inferior thyroid artery and also the recurrent laryngeal nerve. We leave a small portion of the lower posterior part of the thyroid gland in place for the purpose of supplying thyroid secretion. If you are short of gland tissue it is advisable to leave a portion of the isthmus. It is of the greatest importance that all hæmorrhage be absolutely controlled at the time of the operation. Recently two deaths have occurred in a Cleveland hospital simply because this important part of the technique was neglected. It is a simple matter to prevent hæmorrhage if the operator understands what is required of him. If he does not he had best let this operation alone.

In closing the wound I suture the divided muscles to avoid deformity. I remove the superficial sutures on the third or fourth day and usually have neither stitch marks nor spreading of the wound. As regards the use of local anæsthesia, I am sure that in many cases this method is to be preferred. I have removed several glands without a particle of pain under local anæsthesia, using 1/10% cocaine. It is of the greatest importance that this class of patients be saved from all mental worry and undue apprehension as regards the operation. I have found it advisable in some cases to have the patient come to the hospital a few days before the time set for the operation. Each morning inhalations of the tinct. of benzoin compound are given. On the day the operation is to take place ether is substituted and the patient anæsthetized without his knowledge and in this way much mental shock avoided. It is wise to give a hypodermic injection of morphine $\frac{1}{4}$ gr. and one-hundredth of a grain of atropine half an hour before the operation.

Partial thyroidectomy should have much more restricted indications than seem to be considered necessary. For all cases which show the symptoms usually considered, as those of hyperthyroidism, the interference should be limited to section of the blood supply of the thyroid, and both superior and inferior groups of vessels should be tied before proceeding to the more radical operation. All four of the arteries can be tied without the least ill effect and generally with the greatest benefit.

These cases are often very puzzling, and there are no hard and fast rules to act as guides. In cases where the skin is moist, with slight elevation of temperature and a more or less constant tachycardia, the indications are that one has to deal with hyperthyroidism; but with pallor, headaches, anæmia, constipation, a dry skin and a subnormal temperature, the indications are that one has a hypo- rather than a hyper-thyroidism and thyroidectomy is contra-indicated.

The end results in the cases of Grave's disease that I have selected as being suitable for operation have been satisfactory to the patient as well as myself. No patient has died of the disease after leaving the hospital. No patient was made worse by the operation. Every patient was either benefited or cured. Among the factors that influence the end results are the environment of the patient, the freedom from shock, the means at hand for diversion, as well as the avoidance of strain. The elimination of all nervous shock at the time of operation has proved a good clinical asset. Usually the improvement begins the next day after the operation and continues for from six months to two years. I regard patients as cured when they are able to withstand nervous shocks, such as fright, disappointment, worry, etc., in a normal manner.

I have found that the time required for a complete cure is dependent upon the environment of the patient. I know of no class of patients who are so profoundly grateful, who become such militant advocates for the operative treatment of this disease, as those cured. There may be some hesitation on the part of practitioners to recommend surgical treatment for Grave's disease, but the cured patients share no such doubt. They are stronger advocates of operation than the surgeon.

DISCUSSION.

DR. DEWITT G. WILCOX, Boston, Mass.: This is such an interesting subject that it should scarcely go by without some discussion. There is one thing which the doctor mentioned, and that is in reference to the parathyroid. He spoke of that as though it was usually recognized in every instance. In my experience it has not been so easily recognized. It is only in rare instances that I have been able to find it. A few weeks ago I had the pleasure of witnessing an operation by Dr. Abbey, of New York. I asked him what method he employed for recognizing the parathyroids. He said that he did not have any, as he had never seen them and he has removed a great number of thyroid glands. It is true that it is very difficult to recognize the parathyroids. They are very much like other tissues found at that point.

I want to endorse very decidedly what the doctor has said in regard to the benefits from the operation in exophthalmic goitre, and yet I would not advocate the operation in every instance. In many instances we get excellent results from our homœopathic remedies, and if the patient is not in a serious condition, and the disease is not progressing rapidly, I think it is wise to give the homœopathic remedies an opportunity.

DR. RIDGEWAY: I would like to mention a remedy, chromium sulphate, which I have used in these cases. I have used it in seventeen cases and have gotten good results. I have used different preparations of iodine,

etc., but I find that this remedy does more toward effecting a cure than any other remedy used.

DR. NOBLES: Mr. President, I think that Dr. Wilcox must have misunderstood my paper, because I stated distinctly that the importance of recognizing the parathyroids was absolutely unessential to the proper technique of the operation. I do not recall having seen them but once or twice. I do not look for them any longer, knowing about where they ought to be. I know that if I do not get beyond the capsule of the gland I will not disturb them. I also know that if I do remove some it makes absolutely no difference as regards the prognosis of the case.

I have been asked why it is that we have so many cases of goitre in Cleveland. I think it is due, perhaps, to the hard water which we drink. It was thought by Prof. Kocher that the great number of goitres which prevailed among the Swiss was due to the lime in the snow water, as it comes down from the mountains, and the Swiss drink that water.

As to the medical treatment of goitre, unfortunately, a great many cases of toxic goitre have been treated so long as to prevent cure by operation. I have tried for the last six or eight years to carefully select my cases. There was a time when I would take any kind of a case and operate it, but I have since learned more about the condition, and, consequently, my results have been better since I have been selecting my cases.

DR. RUNNELS: Outline what you consider unfavorable cases.

DR. NOBLES: I think the colloid goitres and the cystic goitres of the simple type are practically all favorable if the patient is in good operative condition. I do not consider a patient fit for operation if he has badly damaged organs. In simple goitre, with early removal, you ought to have no death rate if your patients are in good shape. Toxic goitres are usually allowed to run on, and are treated by non-operative measures and you have a bad myocarditis. In these cases with a preliminary treatment of rest in bed, ice to the gland, and the avoidance of all mental worry, and then with the use of nitrous oxygen and gas anæsthesia, operative results are splendid in comparison with what they used to be. Then there are cases of hyperthyroidism. These cases are good cases, provided the heart and kidneys are working all right. The proper selection of cases for operation will decide as to the mortality rate. A great many more cases are operated upon than formerly because the people are learning that they can be operated successfully.

DR. PACKARD: Have you ever operated under local anæsthesia?

DR. NOBLES: Yes, I have operated several colloid goitres under local anæsthesia. Some of the cases seemed to experience absolutely no pain whatever; others very little. I find that it depends very much upon the patient. A phlegmatic person will do very well under local anæsthesia, and stand the operation without much distress. I recall one patient who had a good sized goitre. Local anæsthesia was used and it took some time to remove it. After I had finished the patient asked me how soon I was going to commence.

DR. PACKARD: I ask this question, because within the last two or three years I have seen a great deal of this work done under local anæsthesia. We have found in these cases that a previous hypodermic of morphine-scopolamine worked very nicely.

DR. NOBLES: I asked Prof. Kocher about local anæsthesia. He said that he found that the Swiss took kindly to local anæsthesia; that the French, English, Americans, and Italians were of a different temperament, and not willing to stand much pain. The use of morphine-scopolamine is a part of my technique.

DR. C. G. CRUMRINE, Detroit, Mich.: I would like to have the privilege of saying a word or two, if the paper is not considered closed. I am presuming a good deal, probably, in making the request. While I do not know a great deal about the treatment of goitre, I know a little something, and I simply want to state my experience. I have a simple method that I have employed now for some time, and with very satisfactory

results. I am not speaking of solid, but the cystic goitre. I have had considerable experience in the treatment of hydrocele with the drainage and injection method, and it occurred to me—why cannot I employ this successfully in the treatment of cystic goitre? I tried it on a case that was not difficult to differentiate, and it proved successful. On another case I then tried it, and met with success. A third case came to me which was very difficult to differentiate. The tumor was very hard. This case had been in the hands of a very good diagnostician, who claimed that only a radical operation would be of any benefit. I decided to aspirate. I went in with a trocar and drew off all the fluid I could. In all these cases I inject 95 per cent. carbolic acid, the quantity depending upon the size of the cyst. After injecting this I massage the walls thoroughly so that every part will come in contact with the acid, and then put on a pad, with adhesive straps around. All this is done without an anæsthetic. In all these cases the throat would swell to probably the same size or larger than the original tumor, but in probably four to six days it would commence to respond. The first case was aspirated twice. The very large goitre was aspirated three times and injected, the aspirations being two or three weeks apart. In each and every one of the cases I have had a perfect cure. It inconveniences the patient very little, does not cost very much, and in no way jeopardizes life. If you have never treated cystic goitre by this method I wish you would try it. I am sure your results will be satisfactory.

BUREAU OF MATERIA MEDICA

METHOD IN STUDYING MATERIA MEDICA.

BY FRANK C. WALKER, M. D., NANTUCKET, MASS.

Few physicians will concede that the study of the homœopathic materia medica by any method is an easy task. This fact alone must act as a powerful detriment to the younger physicians to engage in its study unless its merits are made perfectly obvious. To such an aggregation of physicians as this it may seem out of place at this late day to extol those merits. But at the risk of seeming commonplace we will review some of the features that place our materia medica infinitely above that of any other school, in the hope thereby to enthuse the younger men in its study. The first feature to which we will refer as placing our materia medica above that of any other school is its permanency. This may seem on first thought a superficial observation. But to our older members, who have seen the rise and decline of theory after theory, and method after method, permanency must offer one of the greatest inducements to continue in the faith. For it, at least, possesses the merit of conferring mental repose on the practitioner who appreciates it. When we realize that in spite of all the vicissitudes through which the medical profession has passed during the last hundred years the star of Hahnemann has shone with a brighter and brighter light; and has attracted a larger and larger constituency, until from that little band of the immediate followers of the Master it has increased to twelve thousand educated practitioners, we may well ask why

should we turn for light to a school whose past is strewn with unfulfilled promises, and whose future offers little else until vacillation ceases to be its main characteristic. But perhaps nothing has contributed so much to the permanency of our materia medica as the second feature that characterizes it; that is, its absolute conformity to the strict inductive method. This feature was probably not appreciated in Hahnemann's day as it is in ours, when the acceptance or rejection of every new scientific theory depends upon its compliance or non-compliance with that method. And it is here where Hahnemann's transcendent genius towers over that of all of his contemporaries, the result probably of those lessons in thinking, the importance of which an unusually wise father impressed on him from his earliest years. It was probably on account of Constantine Hering's capacity for clear thinking that he was chosen by his colleagues to refute Homœopathy, and his conversion to our school was heralded by that sane remark, that "if our school ever gives up the strict inductive method of Hahnemann it deserves to be lost, and remembered only as a caricature in the history of medicine." It is a matter of observation that some of the best prescribers in our school were originally old school men. It is safe to guess that their success as prescribers arises from their appreciation of the fact that the permanence of our materia medica and its conformity to the strict inductive method stands out in bold contrast to the methods of the school that they formerly espoused. The third feature that exalts our materia medica is the uniformity of our pharmacy. This commends itself to that multitude of sensitive women and children whose palates rebel at nauseating drugs; to those physicians who appreciate the advantages of preparations that the patient cannot duplicate too easily at pharmacies, thus injuring themselves by too long use; and to minds who realize the effects of too much drugging. There seems to be some danger that the minds of the younger physicians will become obscured to those merits of our materia medica to which we have referred, chiefly by influences which we admit on the face of them are very seductive and to a few of which we will also refer. First of these is the therapeutic scepticism that is prevalent today. This arises not so much from any preconceived theories of the uselessness of drugs as from the apparent success of those therapeutic cults which are debarred from legitimate practice because of defective education, not alone in diagnosis; towards which they maintain an attitude of absolute indifference, but in the use of drugs, whose harmful properties they alone seem disposed to emphasize. We have said the apparent success of those therapeutic cults. For how can the success of any school of medicine be more than transient which entirely ignores that vast accumulation of knowledge which the most astute minds have gleaned through indefinite periods? But when the transiency of these successes has become

assured, and the wreck comes, there will be rescued from the wreck, first—a widespread appreciation of the unity of the human organism, and second—a demand for some law for the selection of drugs. And when the same patience attends the pursuit of that law that has attended the pursuit of those *Ignii Fatui* of the past, it will be found that that law has been recognized and appropriated for over one hundred years by men whose educational equipment is not to be despised.

The second influence that threatens to obscure the minds of the young homœopathic physician to the merits of his own *materia medica* is the rise and spread of specialism. This, too, has to have its day. For the financial allurements that it offers will prove no offset for the damage that must follow the efforts of the imperfectly educated young men to concentrate their attention on one segment of the human organism to the exclusion of all others. And by this we would not be understood as discrediting specialists, for they have their place. Bearing on this Dr. Pautiere argues against pure specialism and demands "that the specialist shall be a physician above all and always, for nearly always what must be principally treated in cases like these is not the skin, then the eye, then an ear or a sore joint, but a defective general state. The specialist should thus be first of all a physician like his brothers and also be trained in his specialty, which is unfortunately not always the case."

Another influence which tends to obscure the mind of the young physician to the merits of the homœopathic *materia medica* is the proclivity to surgery that at the present time seems so prevalent. Bearing on this we will quote a master surgeon of our own school: "No startling departures in surgery have occurred in the recent past. In fact, we must contemplate that in the years since the discovery of anæsthesia and asepsis the field of surgery has been worked almost to exhaustion, and therefore no epoch-making discoveries are likely to be in the future forthcoming at all comparable to the great achievements of the past, which made famous the names of McDowell, Lewis, Bigelow, Morton, Spencer Wells, Billroth, Martin, Kocher and a host of others. Signs of the times point unmistakably to the fact that there will be a lessening of the volume of surgery in the future." If this be correct, do we err widely in concluding that there will be an increase in the volume of non-surgical cases? Now if there is to be a lessening of the volume of surgery in the future, and from the wreck of the illegitimate cults there shall arise a widespread conviction of the unity of the human organism, and a demand for a law by which to choose our medicines, and specialism shall not only not neglect the smallest segment of the human organism, but shall emphasize the interdependence of every segment upon every other one, then we shall need a *materia medica* that shall fulfill these demands. We, who have used the homœopathic *materia medica*, know that we have possessed that

very thing for many years, and that if there has been any one obstacle to its overwhelming acceptance by our school it is the absence of any method by which to make its application easy. Now we shall not attempt to elaborate any such method. But we hope by comparing the various methods that are used to draw a definite conclusion as to the one that is productive of the best clinical results, and whose wide use shall assure the stability of our school. We shall consider mainly the pathologic, the physiologic and the mnemonic methods.

By the pathologic method we mean the use of a particular remedy for a particular disease, as Phosphorus for pneumonia, Bryonia for rheumatism, Nux vomica for indigestion, etc. Of this method we can say little in indorsement until pathology has reached a higher state of perfection than it has at the present time. For a perfect knowledge of pathology implies a perfect knowledge of diagnosis. But of the disabilities of diagnosis Dr. Cabot has given us a glowing example in his summary of one thousand autopsies at a very noted hospital. By his estimate, in forty per cent. of these autopsies was the ante-mortem diagnoses proved to be incorrect. But this is a much larger per cent. of failures in diagnosis than the ordinary physician realizes in failures to cure. What a discouraging plight any physician would be in if he cured only sixty per cent. of his patients! We are promised better things of pathology in the future. But the fruition of these promises from the standpoint of today is in such a nebulous state, and judging from the past is likely to be so little productive of therapeutic use, that we must cast about for a method of cure that is applicable today with our very imperfect knowledge of pathology.

The physiological method of studying materia medica is open to about the same objection as the pathological method. By the physiological method we mean the application to a fancied physiological condition of the patient, of a remedy whose physiological action as deduced from provings on the healthy organism is analogous to the condition of the patient. Now just as it is impossible from an imperfect knowledge of pathology to evolve a perfect pathological method of prescribing, so from an imperfect knowledge of physiology will it be impossible to evolve a perfect physiological method of prescribing. How meagre is our knowledge of physiology one may judge from the introduction to a book, recently published by the Longmans, on "Applied Physiology for Medical Students," by Robert Hutchinson, M. D., F. R. C. P. In this he says that "the reader may be surprised at the small size of the book, but when one deals only with the facts of physiology it is astonishing to find how little space they occupy and how few of them have as yet any direct practical applications. It will be observed too that there is no chapter on the muscular or nervous system or on the special senses. These omissions are intentional, for the writer is con-

vinced that most of 'nerve muscle' physiology as ordinarily taught to students is perfectly useless to the physician; and, as regards the nervous system and special senses, the time is not yet ripe for writing their applied physiology—clinically, one can as yet hardly make use of more than their applied anatomy." This should have particular weight, coming as it does from a demonstrator of physiology in the London Hospital Medical College. We are sure that if any of us delves deeply into the intricacies of physiology and pathology we shall be made more and more aware of the mystery of life itself, on a solution of which must depend the success of these respective sciences as therapeutic guides. We have referred to the success as prescribers in our school of converts from the old school. No one will deny that in most instances they are exceptionally bright minds. Nor will many doubt that their search for something better than that to which they were accustomed was instigated by the constant proofs which they received of the therapeutic uselessness of refinements in physiological and pathological lore. Hence they were led to the mnemonic method of study to which we shall now direct your attention. We can conceive of no reason for allying one's self with the American Institute of Homœopathy unless one subscribes to its principles. The complete exposition of these principles is only found in the "Organon of the Art of Healing." That some of the principles therein contained are held by some of our physicians with mental reservation is a matter of common knowledge. But regardless of the divergent constructions that are placed on the tenets therein enunciated it is safe to wager that not a member of this Institute doubts that the totality of symptoms in a patient is that towards which one should direct his curative efforts. It is safe, too, to wager that there is not a member of this Institute but believes that his success in prescribing will be assured in the degree to which he adheres to this principle to the exclusion of pathological and physiological theories. And any failure on the part of our school to assume the leadership in therapeutics has arisen from the emphasis that we have placed on the difficulty of the task of following Hahnemann to the letter. But we have his diction that "to fail to make one's self a master of it becomes a crime." As a remedy it would not be wise to try to commit our *materia medica* to memory in the general acceptance of the term. But there are indirect assistants to memory that may be of invaluable help to us. The writer's appreciation of this came from an old school source. In his earlier professional days he was a prolific reader of medical literature. One of the most astute old school practitioners of his city once accosted him thus: "Why do you read so much? Do you not know that much that you read is out of proper relation to your cases? Abandon the habit of reading so much and study your cases." This sane advice sank deeply into our heart. But we found that to study our cases

and ignore any of their details was to insure imperfection in therapeutic results. Then it was that our attention was directed to the repertory as that for which we had been in search. And we would impress on the minds of the young physician the value of acquainting himself with its use. We would advise every physician to possess himself of Benninghausen's Therapeutic Pocket Book. You will fail to cure your chronic cases without it, or a similar work, and I think that you will all admit that the cure of one chronic case will establish a greater reputation than the cure of several acute cases. But to insure success in offhand prescribing we would exhort all the members of this Institute to become as perfectly acquainted as possible with Nash's Regional Leaders and H. C. Allen's Keynotes of Leading Remedies. It is our practice to review one section of Nash's Leader every day and carefully review one remedy in Allen's Keynotes. The tax on one's memory to do this is not great; and besides the knowledge with which it provides us it establishes in us a faith with which it is necessary to infect the patient in order to insure a cure. Who can say what immense strides this Institute would take if every one of its members should contract this habit? Objections may be made to it that it is too mechanical, but to the narrow-minded the details of any specialty are mechanical. But we are pre-eminently specialists in therapeutics. That being the case, we will not elaborate further on a subject which offers so rich a field for discussion and consequently submit it to the floor for that purpose.

THE RELATIONSHIP BETWEEN PHYSICAL THERAPEUTICS AND THE LAW OF SIMILARS.

BY W. H. DIEFFENBACH, M. D., NEW YORK CITY.

You are all familiar with some of the examples given by Hahnemann in the Organon as to the apparent homœopathic action of some physical agents. He speaks in the Organon of the well-known fact that bakers when they burn their hands with fat have the habit of holding their hands over the fire to prevent the formation of blisters, and they rarely, if ever, suffer from burns in that way. He speaks also of using snow in cases of frost bites. He speaks in one of his notes of a case of melancholia, where, instead of taking the child to amusements and attempting to divert in that way and attempting to treat the melancholia in that manner, he instead employed psychic means on a therapeutic basis and took this child into the slums of the city in which he was practicing at that time. He took this child to a home where there was greater suffering than her own. He interested her in the welfare of the poor people and got her

thoughts off her own self in that way, and from the deeper misery which this child saw her own misery was cured in a homœopathic way through psychic efforts alone. These are only three examples that occur to me at the present time from my remembrance of reading the Organon.

In the work of physical therapeutics it is a constant source of amusement to me in gleaning over the different books that come to my desk to see how friends of the opposite school are unconsciously acknowledging the value of the homœopathic law and are applying many of these measures homœopathically. Consider the effects of vibration on the tissues and take sunlight. Consider the effect of sunlight as a curative agent in some diseases, and then consider the detrimental effects of sunlight such as we find in people constantly exposed to sunlight, such as sailors, who develop sailors' cancer. Let us consider the effects of the various divided rays of the spectrum, such as the red ray. This will produce intense dermatitis, but if it is applied for a short period of time or intermittently we get healthy hyperæmia, and it can be used for the stimulation of granulation and for the improvement of an ulcer or any sore that is slow in healing. When we consider the violet ray, we note a similar apparent paradox. A short application of these rays will produce apparently a distinct irritation of the skin, but if applied for ten minutes we secure a sedative effect.

If you place your hand in a vessel of cold water and keep it there for fifteen or twenty minutes the tissues thus immersed will be absolutely anæmic. If, on the other hand, you will take the opposite member and place it in cold water for a second and repeat at intervals you will get the most intense hyperæmia. The same agent which, applied excessively, has produced anæmia or lack of circulation will, if applied for a short period, intermittently give you the opposite result—it will give you distinct hyperæmia. Heat if applied excessively to the skin and the tissues will produce the most intense spasm and most painful effect upon the peripheral nerves. You all know that the application of the hot-water bag if applied moderately or intermittently will produce relaxation of the tissues, and will produce relief of the congestion and relief of pain.

When we enter the domain of electricity we find that the ordinary street current, the current which lights this hall, if given in sufficient doses will cause paralysis and death; if given in moderately strong doses will produce a reaction and a decidedly beneficial nervous effect, and there is nothing in my knowledge so effective, and most of you have undoubtedly used it, as the interrupted form of this same agent, the current which we designate as galvanism. Those of you who have intelligently applied this agent will admit that many cases will show a very decidedly beneficial result from this agent in moderate doses given intermittently, while if given in too large a dose you will get inhibition and destruction.

The X-ray has furnished a weapon as an argument to the homeopath—greater probably than that of the other physical agents which I have just briefly enumerated. When this agent was discovered in 1895 men who had the disposition to experiment with it exposed themselves to the effects of this ray and they exposed their patients to them. You will find that in excessive doses the X-ray will produce the most intense dermatitis and will produce cancerous conditions of the skin, which in spite of surgical interference has caused many X-ray operators to succumb to cancer. Turn over the pages of the text-books and you will find many illustrations of certain forms of cancer, usually superficial, which have been cured by this agent. Many forms of skin lesions produced by excessive X-ray exposure are also cited as successfully treated by this *same* therapeutic measure.

In the study of radium we notice the same distinct apparent paradoxes. In excessive doses it produces inhibition, while the moderate dose is stimulating. I personally made some tests on seeds. I took three flower pots and put seeds in them. I kept one pot, but suspended a tube of radium over the second for twenty-four hours and then suspended this same tube over the third flower pot for a half hour. The one that was exposed for a half hour, the distance of the tube from the pot being one foot, showed a quicker growth than the one that was not exposed at all, while in the one that had an exposure of twenty-four hours the seeds were destroyed. In treating neoplasms, if the dose is too slight, frequently an aggravation has been noted; in fact, it will stimulate abnormal growths, while if given in too large doses it will produce a necrotic condition.

In gleaning over the text-books on hydrotherapy you will be astonished to note the various recommendations made by some of the writers. You will find that Prof. Winternotz, of Vienna, in speaking of the use of cold water on patients, states that cold baths will produce destruction of the erythrocytes and leukocytes if given in too large doses, and in turning to the pages devoted to the treatment of anemia and chlorosis you will find his recommendation of one-half-minute sitz baths or half-baths at 50° F. for these conditions. The same principle is noted in all applications of cold—short, intermittent applications stimulate, excessive cold applications depress and inhibit. If we consider the large doses in physical therapy in the nature of provings, the smaller, intermittent dose as a therapeutic measure, a deduction as to a basic law analogous to the Law of Similars seems justified.

PHYSICAL THERAPEUTICS SOCIETY

FUNDAMENTAL FALLACIES IN PHILOSOPHY.

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Philosophy may be regarded as science in its more comprehensive forms; in other words, as science in general preparatory to science in particular. All are branches of the same tree; all are derived from the same root. Science deals chiefly with the branches and philosophy with the trunk as well. The analogies between these processes are perfect, so that having established the principles of the one we are on the highway to a successful development of the other. The science of health is especially involved in the principles of production in general preparatory to production in detail.

The processes of universal existence, it will be found, are all evolutionary, constituting the outward working of invisible potencies to the production of obvious results. This is evolution in its philological and only rational conception, and was the doctrine of Jesus and Paul, and is everywhere illustrated in nature, so much so that even opposite systems are compelled to appropriate the term in order to secure a hearing. The processes of nature, whether mental or physical, are always outward and forward, from cause to effect, power to product, principle to result, seed to plant, even from premise to conclusion; for the mind being a part of nature illustrates her processes, all thought, all work being evolutionary, as we shall further see.

Philosophy deals especially with origins, and as power of necessity precedes product it must have had an existence before the product, and is therefore original to it. The product is constituted of nature in three fundamental departments, the chemical, mechanical and vital, as long ago declared by Sir John Herschel, so compelling the primary existence of three fundamental, producing forces, now known as chemical affinity, gravitation and vitality or vital force. The existence of these forces no one questions, invisible and intangible though they are, having without doubt been communicated in the making to the things made, to preserve what they made and to carry forward all future operations. Thus the power that made preserves, and preserves only through continual repair, in the living world at least. Wear and tear being necessary concomitants of work necessitate repair in order to continuance of work. And repair being a process of production involves the operation of a power of production, which power, as we shall see, is always inherent in the thing it produces to preserve what it produces.

The forces mentioned, in addition to being original and prior to the thing produced, are properly denominated, *producers*, and that they cannot be produced is suggested by the fact that every

effort in this direction has proved an absolute failure. But observation proves the existence of another class of forces in nature different in all essential respects from the producers mentioned. These are heat, light, electricity, magnetism, etc., products of the producers, and, unlike them, limitless in production, for sale in our markets daily. These are therefore properly named produced forces, motions or energies. The three original forces are intrinsic as well as original; that is, they are real essential forces, existing in, as well as before creation, while the produced forces are extrinsic, superficial and not essential to existence. The original forces are also inherent in the things in which we find them; that is, the things could not have come into being, nor can they continue to exist without these original forces, while the *produced* forces are incidental and occasional, not inherent or necessary. The original forces are also always passive as well as inherent and intrinsic before they can be active, as, for instance, gravity and affinity are always in matter before they can move it, and vitality is always in living things preparatory to any function, while the produced forces exist as motions or energies. These two sets of forces, it will be noted, are the exact opposite of each other, and are properly classified as—

Producers and produced,
Intrinsic and extrinsic,
Inherent and incidental,
Passive forces and motions or energies.

The importance of this classification in this connection cannot, we believe, be overrated. It is impossible to conceive that things so essentially different can belong to the same class or be considered in the same category. Prof. W. Stanley Jevons, of University College, London, in his great work, "Principles of Science," well says:

"Perhaps it will be found in the sequel that classification is the beginning and end of human knowledge." Its object is "detection of the laws of nature."

All science involves classification and all knowledge illustrates it. Yet the distinguishing characteristic of the "Synthetic Philosophy" of Herbert Spencer is that it studiously avoids classification, Mr. Spencer's whole philosophy being made up of observations which careful examination shows to be the observations of a color blind devotee. He indeed synthetizes, but refuses to analyze the facts that he pretends to collate; he jumbles together the most incongruous materials, particularly the forces of nature, opposites in all essential respects, and makes them "All transmutable into one another, back and forth, without loss." This is not the first time in the history of human endeavor that transmutation has held sway, but the transmutation of the baser metals into gold was profound reason in comparison with the transmutation of the baser forces into life. Spencer argues for the one, universal, omnipresent energy, while all the facts of nature tes-

tify to the presence of three such forces or energies, each separate and distinct from the others, and by no means transmutable into each other, even if correlated with each other. Gravity and affinity are as universal and omnipresent as any forces can be, and life seems to permeate nature. Nevertheless none of these are transmutable into one another, and no form of life, as far as discovered, is transmutable into any other form. Nor can any or all of them be returned to the gravity or affinity of life from which they come; in the face of which fact it is passing strange that so many thoughtful minds, John Tyndall alone excepted, should have given adherence to this philosophic vagary. We are very sure that careful examination will show that the facts were invented to sustain a theory rather than a theory evolved to explain facts. Evolution, the product of ages of teaching by Jesus and Paul, and ever-present facts, was dimly perceived by Lamarck, St. Milare, Goethe and Darwin until Spencer caught a fancy of his own and devoted his life to the invention of facts whereby to give a semblance of reason to one of the most illogical systems ever palmed off upon a credulous world. The transformation of forces upon which this system is based was a pure invention, as he is compelled finally to admit, the evil of which will be best set forth in the examination of a few of the illustrations advanced by him to sustain his doctrines. Illustrations intended to show the transformation of the physical forces into each other are not so numerous because they are so palpably absurd, but illustrations showing the transformation of these into vital force are more frequent because their relationship is less obvious.

We proceed first to his physical illustrations, quoting from Le Conte, who in succinct phrase seeks to enforce Spencer's doctrine. He says:

"As sun heat falling upon water disappears as heat to be transmuted into mechanical force, lifting water into the clouds, so sunlight falling upon green leaves is transmuted into vital force," etc.

The only trouble with this illustration is that it is false in every particular except that sun heat does fall upon water and sunlight upon green leaves. But they are never transmuted into anything else. On the contrary, sun heat is absorbed by the water as heat, remains in the water as heat, and it is only as heat that it can be of any service in raising water to the clouds. However it doesn't raise the water at all; it heats it into vapor lighter than the surrounding atmosphere, so that gravity by pulling upon the whole atmosphere causes the lighter vapor to ascend. Gravity is the *cause* and heat is the *occasion* of wondrous phenomena in this world, but only ignorance or prejudice confuses and transforms them. Mr. Spencer uses the same illustration as does Le Conte, but in less concise form in the apparent attempt to confuse the reader and conceal the truth, but he conspicuously repeats the same error in clearer phraseology when he says:

"If we inquire for the origin of those forces which have wrought the surface of our planet into its present shape we shall find them traceable to the primordial source just assigned"—the sun.

One wonders if Mr. Spencer didn't know any better. Did he not know that it is gravity that makes and preserves the worlds as spheres; that revolves them in space; that rears the mountains and washes out the valleys, bringing down the rain to form rivulet, river, lake and sea, and, as we have seen, carries up the mists to form the rains anew? He did know better, and after a page of sophistical nonsense he confesses:

"The original cause of all these effects is still, however, as it has been from the first, the gravitating movement of the earth's matter to the earth's centre."

Yes, gravity is the *cause* and Mr. Spencer knew it all the while, but as the truth didn't suit his theory he invented facts that do suit. He mistakes *occasions* for *causes* and *conditions* for *forces*, and involves all productions in the circumstances of their own environment.

Applying the same principles to the phenomena of life, Mr. Spencer proceeds with similar illustrations, some of which follow. He says:

"The transformation of the unorganized contents of the egg into the organized chick is altogether a question of heat."

He does not seem to have known that the egg must first be fertilized by the cock or no amount of heat will avail; which, being done, we proceed to treat the egg as a living thing, supplying to it an even temperature of blood heat, with moisture and frequent turning, development will proceed as it does in other living things. It is vitality, an inherent power of life, which, having first made the egg, proceeds under favorable conditions to grow the chick. Vitality is the great pre-requisite of every fertile egg as well as of every seed if there shall be any growth or development. Life in all these cases is the *cause*, while heat, moisture, etc., are the *occasions* and *conditions* which bring the cause into operation, and it is the work of science to distinguish and apply these, as we shall further see.

Mr. Spencer continues his illustrations:

"Many will be alarmed at the assertion that the forces we distinguish as mental come within the same generalization, yet there is no alternative but to make this assertion," and he further explains: "That no idea or feeling arises save as the result of some physical force expended in producing it is fast becoming a commonplace of science," which "only overwhelming bias" can dispute, a statement which may be accepted as a true explanation of the vagaries and absurdities of synthetic philosophy. In accordance with this doctrine it is not Mr. Spencer who is responsible for his philosophy, which is instead the product of environment, of which London fog is the prominent feature, a condition

very unfavorable to clear vision. But even the brighter sunshine is not sufficient unto the truth; the "eye single that the whole body shall be full of light" is quite as important. The sun is not our father, nor can we believe that sun worship is the true worship. Life only from life is a fact indisputable to any honest intellect. In deference, however, to the fogs of "Merrie" England, we agree fully with Mr. Spencer when he asserts:

"These are the mysteries which it is impossible to fathom, but they are not profounder mysteries than the transformation of the physical forces into each other."

To which we properly reply, "Nothing is quite so mysterious as the thing that isn't so." If the transformation of forces is an insoluble mystery, what justification can Mr. Spencer have for urging it as a fundamental principle of philosophy? The science we here seek to inculcate is intended to solve mysteries, not establish them, to which end we advance a self-evident proposition, viz., that at least two things are necessary to the production of any and every result:

First, The power of production and

Second, Conditions for the operation of power.

Every result in nature is an illustration of this truth, of which the following are samples. The most perfect locomotive ever invented would accomplish nothing without the power of steam, the product of chemical affinity, and no amount of steam would avail without conditions in the form of boiler, engine and wheels. Just so gravity in water is the power of the water-wheel, but of what use is the power without favorable conditions in the form of wheel and collateral machinery? These two, *power* and *condition*, are also properly known as the *cause* and *occasion*,—the cause being defined as "that by the power of which an event or thing is," while the occasion is an incidental or accidental occurrence which brings into operation the cause or power.

No two words in our language are so frequently confounded as the words *cause* and *occasion*, due to ignorance or to "overwhelming bias," to use Mr. Spencer's own words. This ignorance is bad enough in the country bumpkin, who constantly uses the word "cause" when "occasion" is the proper one, but when we find a great philosopher making the same error to be the basis of his whole system we are to say the least astonished.

Causes and *occasions*, the one always working from within and the other from without, the one representing heredity and the other environment, are constituted of the two classes of forces already shown to be the exact opposites of each other, viz., a producing and a produced class, the one intrinsic and the other extrinsic; the one inherent in the things in which we find them and the other incidental to their existence, the former being the causes or forces of production, while the latter are the occasions which bring into operation the cause, so making the process to be a true evolution in the place of the bastard system that goes by that name.

A correct distinction between the *power* and the *conditions* for its operation, otherwise between *cause* and *occasion*, is well illustrated in the making of water. This is a compound of two gases, oxygen and hydrogen—eight parts by weight of the former to one of the latter; but though these gases be thoroughly mixed no water is produced. If now we introduce into the mixture a spark a tremendous commotion occurs and water is the product. The unlettered would credit the water to the spark (Mr. Spencer invariably makes the analogous mistake), but the knowledge of the meaning of words compels us to say that the spark was the occasion of the compound, the affinities in the gases being the cause.

A spark introduced into dynamite or gun-powder will occasion an explosion, but no one who understands the meaning of words will say the result was caused by the spark. It was not Mother O'Leary's cow that caused Chicago's great fire by overturning the lamp; she occasioned it, the cause residing in the combustible character of the buildings burned. Overturning the lamp brought into operation chemical affinity as the cause of the combustion and gravity as the cause of the wind that fanned the flames.

We might multiply these illustrations indefinitely, but they all point to the same result; the synthetic philosophy of Herbert Spencer is the product of erroneous observations in which occasions are mistaken for causes, and all results are consequently credited to environment, while they belong properly to heredity—that is, to inherent producing forces, the causes and sources of all natural productions. Chemical affinity, it cannot be doubted, is the cause of all chemical combinations and disintegrations, so that out of a few elements it has produced over 100,000 distinct compounds which it is forever changing in response to ever-changing conditions. Gravitation not only made the worlds to be spheres, but presides over and controls their revolutions. It causes both storm and calm, sails the ship or sinks it, flies the kite or balloon, or dashes it to the earth, and does ten thousand other distinct and contradictory things in response to what conditions exist or occasions are supplied. What is true of affinity is equally so of vitality, the power of life. It has produced all living things, resides in them to preserve what it made, and to repair and carry forward all vital functions in order that it may preserve them. It produces pleasure and pain, health and disease, and is, in a word, the cause and power of all vital manifestations, the kind of manifestation depending upon the character of the environment as well as upon the amount of the power. As the switch determines the direction of the train while it is the power of steam that moves it, so what we do—what medicines, baths, massage we employ—what we eat and drink, how we work or play, determines the character of the result, it is still the power of life in us that does the work and is expended in doing it.

The degree or quality of the power of life in the patient is the all-important consideration in all forms of medical treatment, the response of this power being the ever-present and necessary fact. It is this, we believe, that determines the effectiveness of the "potency," which should, however, always work with the disease not against it, only because disease is itself nature's process of cure, and should be aided, not opposed; should be quickened, not thwarted. The contrary medicine prevents recovery by diverting vitality from the process of cure, which is always in operation in every invalid just as repair is always going forward in every individual. The pains of disease are proof of the process; we may relieve them by diverting the power in other directions as by counter-irritation, but no physician with an intelligent conception of the processes of life believes that this diversion does anything more than give temporary relief often by delaying or preventing cure.

The innumerable evils of false medical practice in our day all grow out of the prevailing habit of mistaking occasions for causes, which error Mr. Spencer has sought to exalt into a philosophy. It is the error of mistaking the manifestation or appearance of power for the power itself, and proceeding upon the assumption that by increasing its manifestation we are adding to its sum total. The exact opposite is the truth. Blowing off steam, while it increases its appearance, reduces its pressure and power. All power is invisible, known only in the work it does, so that it can be manifested only by making it do work and expend itself in doing it. The apparent and the real have always been opposites; the sun's rays are black, not white. Chemical affinity destroys dynamite as well as makes it. Stimulants and tonics exhaust vitality in the process of making it manifest. Whatever strength these seem to give is power drawn from the patient, not communicated to him. The cry of fire at midnight will arouse intense activity and vigor, but who believes that it communicates the power exhibited? On the contrary, it exhausts power by imposing work, but deceives by making it apparent. Sleep, on the contrary, takes away the appearance of power even to helplessness, but who does not know that it recuperates it by ceasing work, and so causing the power to disappear into the sleeper. The cold bath, like other tonics, expends vital power by arousing vital resistance, so deceiving the victim by making apparent what he was previously unconscious of. In a word, whatever causes an appearance of power in man is an exhaustive process because the power thus made apparent is drawn from the patient, not communicated to him. Neither water, nor drugs, nor electricity, nor food, nor any other natural agency yields to any living thing the power of life. This is an inheritance, not a product. It made us, but cannot be made by us. Men, like poets, are born. Environment supplies the conditions for the operation and expenditure of power, but life alone

furnishes it. "Your Heavenly Father knoweth that ye have need of these things," but the life is more than the meat and the body than the raiment." And the less cannot produce the greater.

And now, in conclusion, let us sum up the whole matter in a condensed formula of the principles upon which a rational system of treatment for invalids to recover health, and of well persons to preserve it, is based.

First. Vitality, the power of life, inherent in every living thing, having made, is now in us to preserve what it made, and to heal in order that it may preserve, is the only power of cure, all applications from without being *occasions* or *conditions* for the operation of the power.

Second. This power of life, being inherent in all living things, is both non-producible and non-destructible, and, as illustrated in the character of its author, *unchangeable* as well. Being unchangeable, in perfect analogy with gravity and affinity, which are also non-producible and non-destructible, it always works the same way under the same conditions, which way is properly called its law and necessitates that it work in other ways under changed conditions which are ever occurring, thus making it to be the cause of all the infinite variety of changes taking place in the living world.

Third. This power of cure is instinctively operative in every invalid just as the process of repair is continually operative in every living thing, and should be encouraged, not opposed; aided, not thwarted; justifying the use of the *similar*, but never the *contrary* medicine. When the conditions are favorable and the power sufficient, so that the processes of life are carried forward with the ease and comfort, we have health, but if performed with difficulty or pain we have dis—ease—want of ease. But whether it be health or disease it is still a vital process seeking to preserve or repair the vital organism.

Fourth. The rapidity of cure and certainty of health correspond with the amount or degree of this power, so that all processes should be employed to recuperate and nothing done to deplete it. Distribution is always in order, but depletion never.

Fifth. Power is depleted by increasing its manifestation, as through the use of tonics, stimulants, cold baths or other forms of work, while it is recuperated by reducing its manifestations as in rest and sleep.

Occupation.—The various kinds of diversions prescribed to assuage the mental sufferings are only temporary benefit and keep the patient's attention upon his health. Diversion is best procured by means of tasks to be performed rather for themselves than for health's sake, and productive and remunerative work is better than hobbies in this respect. But the work must be of interest to the patient, if it is to be of therapeutic value and in adapting the task to the patient's capabilities lies the skill of the physician.—*Baker, in Hahnemannian Monthly.*

BUREAU OF DERMATOLOGY AND GENITO-URINARY DISEASES.

THE SURGERY OF THE PROSTATE; WITH DEDUCTIONS FROM FIFTY CONSECUTIVE CASES.

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The task which I have outlined for myself I find is a difficult one indeed. It is more easy to remove an offending prostate than to review the literature of the subject and try to reconcile the different views with reference to surgical procedure. It would seem that there is scarcely a realm of surgery in which such positive views are taken with apparently equal results and entirely different operative methods employed. From the humanitarian side of the question, the successful removal of the organ with the least danger to the patients and with the best chance of a return to normal function is the object to be obtained.

Let us see what may be learned by a review of the anatomy of the prostate and its relations to other organs. Carleton describes it as a firm muscular mass encircling the neck of the bladder. When normal it is about the size of a horse chestnut, the larger part being situated below the urethra and between it and the rectum. Its apex rests upon the posterior surface of the triangular ligament. Its base is directed upward and is pierced by the ejaculatory ducts and the urethra. Between the fibers of the organ are numerous glands which open by ducts into the prostatic urethra. It is surrounded by a firm fibrous coat, continuous in front with the true pelvic fascia. It extends backward over the bladder. Laterally, it blends with the common covering of the bladder and rectum and underneath with that enveloping the seminal vesicles. It is separated from the pubic arch above and in front and from the rectum behind by a large lymph space in which, filled by a loose meshwork of connective tissue, is located the prostatic venous plexus. On the under surface of the prostate is a slight depression which apparently separates it into two lateral portions, but the terms, "lateral" and "median," are synonymous, there being no true division into lobes, though it develops in two distinct halves which unite to make a complete organ about the fifth month of uterine life. The prostate is supported by the puboprostatic ligaments and the levator prostatic muscle.

Guitaras gives its relations as lying in front of the rectum and one and one-half inches (3.7 cm.) from the anus. It is situated behind the lower part of the symphysis, at a distance of about an inch. The bladder is above it, the superior layer of the triangular ligament below it, and the levator ani muscle on either side.

Immediately surrounding it is pelvic fascia forming a thick layer. A line of cleavage is made in this layer by the prostatic plexus of veins which surrounds the side and base of the gland. The portion of fascia outside of the veins is described as the external capsule. A thin portion of fascia is found inside the veins between the lateral and the true capsule of the prostate. The gland itself is surrounded by a capsule except at the base where it unites with the bladder.

This paper is not an argument in favor of the perineal prostatectomy in preference to the suprapubic route, for the writer has had but little experience with the latter method, and, therefore, is not in a position to defend or condemn its differences. It is the object, however, to call to your attention certain of the merits of the perineal route and leave with you the results from fifty consecutive cases operated upon between October 10, 1900, and April, 1912. The first twenty-eight cases were reported before the Detroit Practitioners' Club in the spring of 1911, and will be included in the fifty mentioned at this time.

Squire says: "There are two physiological considerations present instead of one, when prostatectomy for urinary obstruction is contemplated. They are, removal of the obstruction in such a manner as to insure voluntary control of micturition, and to guard against an obstruction being traumatically produced to the outlet of the semen." We would add a third, and that is, that the physiological functioning of the heart be maintained in as high a percentage of cases as possible. While procreation is man's greatest gift to the world, yet to the average patient presented for surgical relief of the enlarged prostate an extension of five, ten or fifteen years of life is the object of greatest moment. It is the belief of your speaker that control of the urinary stream with absence of fistula and the lowest possible mortality are the greatest objects to be desired in ninety-nine per cent. of these cases presenting themselves for relief. Indeed while the matter of possible sterility has always been explained, we have had not one case out of fifty in which the matter was questioned. It should be mentioned that while accurate statistics are not available yet a number of those operated upon have reported virility after the operation.

As the advice for early operation is more freely accepted, the question of retaining normal sexual function will become correspondingly more important. Let us see how the perineal route makes it possible to retain the ejaculatory ducts. Plate one shows the relation of the prostatic urethra with the openings of the ducts, the prostate and the seminal vesicles. The inter-urethral incision, Plate II, makes it possible to start the enucleation of the gland away from the duct and while all the parts are in normal relative position. The Young prostatic tractor now being placed through the urethra into the bladder, the retractor placed in the inferior angle of the incision to crowd the rectum out of the

way, the prostate may be drawn well down toward the opening in the perineum. Lateral incisions are made into the capsule of each lobe, and with the ejaculatory ducts freed, as before described, the prostate is removed without injury to the ducts. It is thus possible when enucleating on the rectal side to make pressure upward away from the rectum, and when on the bladder side to make pressure downward in order not to injure the bladder wall.

In malignant disease of the prostate, where the gland is hard and adherent to the urethra, it is not easy or advisable in many instances to leave the prostatic urethra uninjured. The radical operation with removal of the gland and urethra in that region so much the more removes the possibility of further development of the growth. We have never failed to have a return to control of micturition because of removing the prostatic urethra. It would seem that a complete removal of the prostate urethra were more advisable than to have a part of it remaining for the reason that the bladder may settle down into the cavity left by the removal of the hypertrophied prostate and any remaining urethra might cause obstruction or tortuous passage.

Post-operative fistula has been one of the most serious objections made against the perineal prostatectomy. We have had one case in fifty with a urethro-perineal fistula remaining. That case had a history of perinephritic abscess, a chronic cystitis with greatly atrophied bladder and a pathological diagnosis of chronic gonorrhœal inflammation of the prostate.

We have found some important advantages of the perineal operation. They are easy to care for while in bed. In a clinical hospital such as the University Hospital where there is more material than the assistants and senior students can care for economy of dressings must be a factor. Where we are able to give the patient a thorough preparation of a week or more before the operation and thus relieve the cystitis, then the post-operative treatment is lessened to a single irrigation in twenty-four hours, care being taken that the bladder drainage is plentiful and free.

We are able to get our patients out of bed in from five to seven days. It is regarded an advantage especially in the older men, in that the strength is much better preserved. Bladder drainage is thus facilitated, and it seems to encourage the flow through the normal urethra more promptly. In March of this year we had a patient leave the hospital completely healed and with perfect control at the end of the second week.

It is observed that the more quickly bladder control is regained the longer patients are able to go between micturitions.

While the perineal route is the one of choice yet the details of the technique vary with the individual case. We find the median vertical skin incision always sufficient, and it has the advantage over the inverted λ or V incision of healing more promptly, especially in cases of bad infection of the bladder. The urethra is

incised at the apex of the prostate, and in cases where the prostate encroaches upon the urethra so that more room is needed, a clean cut through the floor of the prostatic urethra is made. We find a clean cut surface heals more readily than torn surfaces in such cases. When the urethra and bladder sphincter are sufficiently pliable so the index finger can be crowded into the bladder without tearing either, then the floor is not incised.

Having completed the opening into the urethra, a blunt curved bistoury is carried along the index finger as a guide into the prostatic urethra to the most prominent bulging point of the prostate, where an incision is made through the lateral wall of the urethra and through the capsule of the prostate. In this procedure the trained finger is as accurate as the eye. Through this incision the gland is freed from the urethra and neck of the bladder. Then the prostate tractor is placed in position and the prostate drawn well down into the perineal wound. In this position the lateral capsule incision of Young may be made and the enucleation completed.

Following the removal of the prostate the bladder is carefully surveyed for stone or other foreign body. Clots are removed by a small scoop. In cases where a stone is found too large to be removed through the dilated neck of the bladder, the lithro-trite is used and the broken material washed out with hot boric solution. In one case where the bladder sphincter was cut, a stone two inches in its shortest diameter was removed following the removal of the prostate. This past April, one year after the operation, the patient, then 83 years old, returned to the hospital to be treated for bronchitis, and stated that he had complete control of the bladder.

As a rule, we irrigate the bladder but once a day following the operation. Before the patient leaves the hospital full sized sounds are passed once or twice, and when conditions demand it, owing to a tendency to a narrowing of the urethra, sounds are passed at intervals for two or three months.

The results following our first fifty perineal prostatectomies were these:

There were two deaths. The first was a man 65 years old. He recovered from the shock of the operation and improved so rapidly that on the fifth day he was moved into the ward. Drainage was good and the kidneys active. On the sixth day he began to vomit and became jaundiced, and on the eighth day died. The second death was that of a patient 66 years old. When he entered the hospital he was unable to empty the bladder voluntarily. The bladder was greatly distended with urine, which proved to contain large quantities of pus, blood and albumin. The patient was suffering from a most profound toxæmia. For a week effort was made to clear up the bladder condition by irrigation and urinary antiseptics. Every effort at manipulations seemed to cause a rise in temperature, and, if possible, a more profound toxæmia

until it was decided that delay only lessened chances of recovery. When the patient went to the operating table the pulse was scarcely perceptible at the wrist. The prostate was removed in about two minutes. The next few minutes proved we had waited too long, for we lost our patient from shock. Some of you will say that when we first saw the patient cystotomy and bladder drainage should have been done. We agree with you. But what is much better, the operation should have been performed years before that time. The one case of urethro-perineal fistula has been referred to in another place. Hæmorrhage has never been a serious complication. Clots of blood are easily removed from the drainage tube by a glass syringe.

The pathological findings show six cases of adeno-carcinoma. We are unable to account for all of those cases at this time. One man died a little over two years after the operation. One other is showing marked evidence of the cachexia of malignancy six months after the operation. The others, as far as we can learn, are alive and well. The remaining forty-four cases were adenomatous hyperplasia, fibrous hyperplasia and chronic gonorrhœal inflammations. Their frequency being in the order mentioned.

In conclusion, perineal prostatectomy is an operation of low mortality rate, it offers drainage at the natural point, it makes possible the shortest time in bed and the final results are equal to the suprapubic route when the operation is properly performed.

DISCUSSION.

DR. JAMES KRAUSS, Boston, Mass.: I will not let this paper go by without saying a few words. Dr. Burrett says we ought to draw our own conclusions as to his case that died eight days after operation, and I understand he means that the chloroform was the cause of the death. In my opinion, the man died from sepsis and not from chloroform. Shock, in perineal prostatic operation, is very often brought about when in the course of enucleation the ureters are impinged upon. The last word on prostatectomy or on the treatment of the enlarged prostate has not yet been spoken. Since Freyer came forward with his phenomenal results, it appears that the supra-pubic operation is more often indicated than the perineal operation. As specialists—and I am talking now to specialists—we must individualize our cases. There are patients who require perineal prostatectomy. There are patients who require supra-pubic prostatectomy. The prostate is more easily reached through the supra-pubic incision than through the perineal incision and only when the prostate is either so small that no finger in the rectum can push it forward to meet the operating finger in the bladder or when the prostate is so immensely large that it almost fills the rectal space—in those cases perineal prostatectomy should be done. In almost all the other cases the supra-pubic operation is preferable. But I will not dwell upon this. I want to dwell upon the fact, upon which very few people dwell, that the bladder and not the prostate is our guide. We usually quote from our old school brethren and have very rarely a word to say for our own men.

I want to tell you, the indication for prostatectomy does not rest in the prostate gland. It rests in the bladder. The bladder is our guide before the operation, during the operation, and after the operation.

I would not remove a prostate gland for a chronic gonorrhœal inflamma-

tion of the prostate, as some do or say they do. In those cases the bladder is inflamed and I put it down as an axiomatic rule that the inflammation must be reduced and the bladder put at rest, as much as possible, before it is opened. I have defended this proposition now for years and while I am the only one to defend it I shall continue to defend it. I know my friends may say it is ideal. I want you to understand no one can be practical unless he has first ideals, because practicality comes from ideality. No man can be practical unless he has a conception of what he wants to do.

I want you to understand that the only absolute indication for prostatectomy is an irreducible retention in the bladder, and nothing else. Very often in the preparatory treatment, the inflammatory condition of the bladder may be reduced to such an extent that no retention is left, for the inflammatory condition of the bladder, more than the obstruction of the prostate, really is at the bottom of most retentions, and the inflammatory condition of the bladder makes prostatectomies dangerous operations. It is for this reason that the two-step operation is very often indicated rather than the one-step operation, because the opening of the bladder is really the dangerous moment, not the enucleation of the prostate, but the opening of the inflamed and chronically distended bladder. The sudden reduction of the distention is a shock to the patient and if you will observe in those operations the greatest shock to the patient is the opening of the bladder. For that reason, in spite of what Young, of Baltimore, is saying and many others, the preparation of the patient is of vital moment in these cases and the proper preparation of these cases often brings them to a non-operative stage. Then, after the removal of the prostate, a person is not necessarily cured, but, nevertheless, patients are sent back without further treatment and they fail because the inflammation in the bladder and the consecutive diseases in the bladder, ureters and kidneys are left to continue.

I think Dr. Burrett's paper ought to be commended. He does not claim that he has covered the subject fully. The subject is so vast that no paper of ten or fifteen minutes can even approach to cover it. And to have fifty-six consecutive cases with only two deaths, one of them due to sepsis, is a record of which I believe Dr. Burrett can be proud.

L. T. ASHCRAFT, M. D., Philadelphia, Penna.: I have always been very much interested in the subject of prostatectomy. A few years ago, before the Surgical and Gynecological Association of the American Institute of Homoeopathy, I presented an original operation for prostatectomy, for which I was given credit by my distinguished confrere, Bukk Carleton, of New York City. This consisted of a modified Bottini operation, first doing a perineal section, then draining the bladder and subsequently dealing with the tissues involved.

The gland should be removed when we cannot relieve symptoms by catheterizations and irrigations. I pay particular attention to both the pre-operative and post-operative stages. My first act is to estimate the functional capacity of the kidneys, usually employing the indigo carmine test because one can get a better idea of the kidney action by this method. When dealing with a septic bladder, I insert a retaining catheter for forty-eight hours. The bladder is then irrigated several times daily, thus assisting bladder contractility.

I have removed prostates by both the supra-pubic and perineal routes, but I prefer the perineal method for the reasons Dr. Burrett has given in his paper. I make the median incision and the enucleation can be done in a few minutes.

My patients never have any after trouble with their sexual function. It does not make any difference whether or not you destroy the prostatic urethra.

My mortality rate has been a little over three per cent. in some 175 perineal prostatectomies.

I wish to differ from Dr. Burrett in this point, I like to keep up bladder drainage and bladder irrigation, unless there is shock, for forty-eight

hours. In many cases we have to deal with a septic gland and when we remove the prostate we open the lymphatics and invite sepsis. Anything that we can do to prevent or remove sepsis should be resorted to and the constant bladder irrigation usually accomplishes this.

Another point regarding convalescence. I have my patients propped up in bed in thirty-six hours and out of bed three or four days afterward. I treat the wound and bladder locally the third day and every day subsequently by passing a catheter, distending the bladder with boric acid and having the nurse, or my assistant, close the perineal wound. I then encourage the patient to urinate. This regains bladder contractility. Often we have a certain amount of bladder atony, which will require a great deal of after treatment to overcome. Especially is this the case when one has used a catheter for seven or eight years.

I cannot help becoming enthusiastic over this subject. Men frequently ask me, "Am I too old to be operated on?" I reply, "Certainly not." I have operated on men ninety years of age. I recently operated on a man eighty-nine years of age. It was an emergency operation, but he left the hospital cured within two and a half weeks.

R. R. MELLON, M. D., Ann Arbor, Mich.: Referring to Dr. Krauss's statement that the icterus in Dr. Burrett's patient who died six or eight days afterward was most surely due to sepsis and could not be anything else, I beg to say that I cannot agree with Dr. Krauss. I would not agree that it was sepsis of bacterial origin because of the experience in our hospital following the use of chloroform. We have every reason to say that chloroform produces a very pronounced toxemia and in some of the cases in which we have toxic conditions the patients die in from four to six or eight days following the operation. In these cases practically all the liver cells have undergone atrophy, the patients having had acute yellow atrophy of the liver, induced by the distinct hepato-toxic action of the chloroform.

C. G. CRUMINE, M. D., Detroit, Mich.: Much has been said already, but I very much appreciate Dr. Ashcraft's remarks and feel he is to be congratulated on his mortality statistics. Few of us can make a better report with reference to the mortality percentage than that of Dr. Ashcraft. Dr. Krauss is certainly very much at home in the matter and understands his position, which he states equally well.

I wish to call attention to the fact that this shock, that you have been hearing about, I do not believe, as Dr. Krauss has said, is due usually to sepsis. I believe it is the result of the toxic serum absorption which simply stagnates and brings about a blood stasi. All of these cases have a low vitality, a low blood pressure.

I believe that in cases where the bladder is heavily involved and the mucous lining is loaded with pus, it is unwise to do a complete prostatectomy, but a cystotomy. There I believe in the two-stage operation and in those cases, too, I believe the supra-pubic route is the more desirable. Two weeks later, if the patient is living,—and in all probability he will be, if he is cared for properly and has good drainage—a complete prostatectomy can be performed and with very much less danger. You now have cleaned up a dirty field. You have cleaned house, as it were, and are less liable to get toxic absorption and I am satisfied that your mortality rate will be very much reduced.

Now, on the other hand, in cases of prostatectomy, there are some advantages, in my opinion, as to how to go about getting at these lobes. You can readily understand by going in supra-pubically and working the finger around the margin of the surface of the lobe, you are liable, under some excitement and hurriedly, to break through the capsule and injure the sphincter of the bladder. Also, I am not sure but that some men have suffered hemorrhages because of a little carelessness on the part of the surgeon in cleaning out these lobes in that way; whereas, if they would, with their finger, make heavy pressure on the center field of the middle lobe and with the left hand swing into the rectum or against the perineum, crowding the prostate up, they can break through the capsule

in the center field of the lobe, as it were, and usually complete it without any damage to the sphincter of the bladder.

Another advantage is to take out the middle lobe first. It is my belief that prostatitis has, for its beginning, either traumatism or infection and that the middle lobe is the lobe first involved. I believe the surgeon who is doing a prostatectomy will have less hæmorrhage and very much less shock if he will begin his operation in the removal of the middle lobe; then carefully remove the posterior lobe, and leave the anterior lobe until the last.

JAMES KRAUSS, M. D., Boston, Mass.: There are only two kinds of intoxications: one is a chemic intoxication, and the other is infectious intoxication following bacteræmia. The case Dr. Burrett spoke of was an infected case all through. If I remember rightly the man had fistulous openings. If it had been icterus from the chloroform he would not have had to wait a week to show it. The man died from septic icterus and when we speak of sepsis we understand that there is first a bacteræmia and then a toxæmia.

C. A. BURRETT, M. D. (closing the discussion): Mr. Chairman: This discussion has been much more fruitful than the paper. Much of it has not been on the topic which I discussed in the paper. But the discussion of the pre-operative stage of prostatectomy has been very instructive. As is the case with all papers of this character, one cannot cover all the points the subject demands. In a few instances I was misunderstood, but that does not matter. The discussion was very interesting and I thank you very much for your attention.

BUREAU OF PEDOLOGY.

SOME PROBLEMS IN INFANT FEEDING.

JULIA F. HAYWOOD, M. D., ROCHESTER, N. Y.

If every mother were normally constructed, with no inherent or acquired disease, and with a proper glandular development, there would be no problems connected with infant feeding. As it is, a large proportion of mothers are either unfit, unwilling, or find it entirely impossible to nourish their off-spring. As this inability is one of the most notable causes of infant mortality—40 to 50 per cent. of infants dying under one year of age—this problem is one most urgently waiting to be solved.

The usual objections to nursing are as follows: deficiency of milk, milk of a poor quality, anomalies of breast development, acute and chronic infectious diseases (especially tuberculosis), mastitis, epilepsy, hysteria, valvular heart disease, pregnancy, and syphilis. Some authorities suggest the nursing of an infant by a syphilitic mother, even if the child shows no manifestations of the disease itself. It would seem, however, that such a procedure could not but result in harm to the child, and a wet nurse of good health would offer a good solution of such a question. The failure of the mother to produce the right nourishment, and a wet nurse being, in most cases, impossible, what shall the baby eat?

Modified cow's milk would, theoretically, and many times,

practically, seem to meet the need, although there is a radical difference between mother's and cow's milk. Cow's milk is essentially different, but it approaches most closely the demands of the infantile organism. Human milk contains not only less proteids and more fats, but also more milk, sugar and salts. Human milk has 61.5 per cent. casein and 38.5 per cent. albumen. Cow's milk has 85.7 per cent. casein and 14.3 per cent. albumen. The richer the milk in albumen, the more easily digested, albumen being easily soluble. Casein renders digestion more difficult, so the casein of cow's milk will coagulate in the stomach in large, firm lumps; the mother's in fine, small flakes. The fats, too, differ in kind, and the mother's milk being conveyed directly from the breast to the stomach, is sterile.

Cow's milk is subject to many contaminations before it is prepared for the infant's stomach. Other objections to cow's milk are as follows: It has been demonstrated that tuberculosis of the bowels and glands can be attributed to the milk of tuberculous cows. In many states the test for tuberculosis in cows has not been put in practice; and in other states a laxity in making tests is also prevalent. The route of the milk from cow to consumer is fraught with many dangers, aside from any inherent danger due to the condition of the cow itself. If the milk should reach the consumer in good condition, lack of cleanliness and care, together with the lack of means to preserve the milk, render this source of food for the infant unsatisfactory, and often dangerous.

In Rochester, our efficient and progressive health officer has established milk stations, where the milk, procured under the best of sanitary conditions, is dispensed by trained nurses, to any mother who applies, and at a cost which is not prohibitive. Thus one problem is comfortably solved and a most marked decrease has taken place in infant mortality. The milk is pasteurized, and prepared, and each feeding is accompanied by proper directions. We have also a Milk Commissioner, who has compiled, and recently delivered, a paper before several medical societies, advocating a municipal control of the production, sale and delivery of milk. He seems to be able to prove conclusively that milk can be sold at a small profit for four cents a quart. The cost of certified milk to the consumer is twelve cents per quart, thus putting the milk, with a safe bacterial count, really beyond the reach of the average wage earner. Dr. Williams computes the cost at four cents to a saving in production and delivery. He would map out the routes, carefully providing against any doubling, and insuring a quick and safe delivery. By "safe" is meant, no time being lost in transit, the milk has no opportunity to spoil.

This question of municipal control will bear discussion and, if practical, would be the means of bringing to the suffering babies their proper food and even life itself.

Many cities are establishing milk stations and this is a long step in the right direction. Last year in New York City there were

only fifteen milk stations—a very small number in proportion to the population. This year there are 55 with 263 trained nurses in attendance, who have been employed by the year. May first 55 more nurses were engaged, and a notable saving of life will certainly follow. Last year there were 15,030 deaths from all causes in children under one year of age. This apparently high mortality was 1,183 less than the preceding year, and 2,400 less than the year before that.

The milk stations, however valuable they may be, cannot reach all consumers. In large families, with children coming at close intervals, where more than one child should properly be fed with milk, milk is out of the question, owing to the poverty of the parents and inadequate means for preparing or keeping the milk. The ordinary, uncleanly milk may be boiled, thus robbing it of some of its nourishing qualities, but not changing the harmful qualities of the dirt contained therein. The infant, thus handicapped, has many foods prepared for him, but most of them are prepared with milk and may not be used. Condensed milk will find favor with many as being sterile, cheap and easily prepared. Many children do well on this food, and by the end of the second month oatmeal, barley or rice gruel may be added in varying proportions to meet the requirements of each case. Each separate child is a separate problem. Many of my Holland patients bring up robust, hardy, rosy children on oatmeal gruel alone. In children with poor digestive powers, the whey powder may be used, albumen water, albumenized foods, the flour ball, butter milk, peptonized milk, and one or all the artificial foods may be tried, if, in running the gauntlet of all the experiments, the victim does not die of inanition.

The composition of goat's milk is more nearly like mother's milk than that of any other animal, and is much used in Switzerland for the feeding of infants. It is, of course, difficult to procure in this country, so its use is extremely limited here. Asses' milk is used in Oriental countries, but again the objection arises as to its being impossible to procure.

Best of all, it would be well if all prospective mothers should be taught how great a privilege it is to give the child the food which Nature intended. To this end, all Nature's forces should be mustered to aid in such a beneficent consummation; and proper food and dress, and exercise, and freedom from worry and over work, should all be a means to the end that the little, helpless babe have a fair chance for its life.

DISCUSSION.

DR. J. HERBERT MOORE, Brookline, Mass.: Dr. Haywood, in her paper, has dealt with one of the most important questions in medicine. When you notice the statistics of the death of infants, and remember that each infant saved may become a useful American citizen, it is a most important question. I am going to confine my remarks to the percentage side of feeding, and then I wish, Mr. Chairman, for my own instruction, that you would call upon Dr. Raue or Dr. Simonson to give you the home

modification side of this proposition. I hope I may interest you in percentage feeding. Those of you who are within fifty miles of a laboratory and have all the advantages of this scientific method will find it very useful and one of the best methods of feeding children in vogue. I want to prove that statement by a little incident which occurred in my own class during the last year, showing that the laity is a little ahead of the profession in this matter. I lecture to the Juniors of Boston University School of Medicine, and I tell those Juniors if they will follow me I will get them so that with a pencil and piece of paper they can sit down on a curbstone, if necessary, and write a prescription for infant feeding without having to refer to a book. You will be surprised, if you study this thing long enough, how easy it is to grasp the subject of infant feeding; but it must be approached in the right direction. One of my students, a woman, was boarding in one of the best sections of the city, and the family next door had a very sick baby. One thing after another had been tried in infant feeding, when the mother happened to hear that the student next door was familiar with percentage feeding, and although her physician was a reputable man she asked if she could call in this student. He had no objections, the student was called in and went to work, and the results were most brilliant.

Doctor Haywood has struck the gist of the matter in the introduction of her paper, and that is you must have in your mind's eye all the time the essential difference between cow's milk and mother's milk. I am a little ahead of my story when I say that it is perfectly useless to try to figure with anything else but cow's milk, because cow's milk is the only practical proposition on account of its accessibility. You want to know what is the percentage of fat in cow's milk and woman's milk, the percentage of proteids, sugar, etc. When you have that in mind, take the cow's milk and modify it until it becomes as near the percentage of fats, etc., as occurs in mother's milk; and then by the intelligent use of this method of procedure you are enabled, especially with the additional advantage which you have in the laboratory, of splitting proteids, which is a much simpler process than can be carried out in the home. I want to emphasize one point, and that is this: It is not only that cow's milk has more proteids, but because the proteid constituency is so different from woman's; having so much more casein to a small percentage of lactalbumin, while the woman's has a large percentage of lactalbumin and a small per cent. of casein. This matter is remedied by splitting the proteids, which are then recombined to make the qualitative condition of the cow's milk proteids resemble the woman's.

I want to call attention right here that in many cases of severe malnutrition, when the baby is down and out, by this method of laboratory feeding of splitting and recombining the proteids you can get strength into the child's system which you could not get in any other way.

I will not take up any time in delivering a lecture on percentage feeding, but I want to emphasize the fact that among physicians there are a certain number who know nothing about percentage feeding. When I undertook the teaching of infant feeding in our college in Boston I practically did not know much more about the subject than a good many general practitioners do now, but I made up my mind that that was one thing I would acquaint myself with most thoroughly for the advantage of the students, and you should acquaint yourselves most thoroughly with it for the advantage of your patients.

I have nothing more to add, but I just want to leave this suggestion with you: That in many cases with which you are brought in contact I believe you will find in those cases in which all patent foods upon the market (and I may say here now that I eliminate all with the exception of one, and that is Fairchild's Peptogenic Milk Powder, as they all of them contain too little fat, and contain qualitative conditions that do not suit the system of the baby) have failed you you will get excellent results from percentage feeding.

I consented to discuss this paper simply to emphasize to you the importance of the percentage method of feeding. We have in Boston an Instructor in Pediatrics in Harvard Medical School who has gotten up a very useful little card. By following this out you can do very much in the home that is done in the laboratory. It is one of the most useful methods for quick home modification of milk ever brought to my notice. It is known as Sodd's Card for Percentage Feeding and published by F. H. Thomas Co., 707 Boylston St., Boston. Dr. Roach is the author of a book from which you can get the fundamental principles of the method of percentage feeding. He is the father of percentage feeding. It is very interesting to watch the progress of modified milk from our great grandmothers' day, when they took flour and water, rolled it up, put it in the oven and baked it, and then used it with milk. They were building better than they knew, and we know today what an useful adjunct serials are in breaking up the curds. Then followed the method of simple dilution with water. Here you bring the fat down to so low a degree that the child is liable to die of fat starvation. Then came the first endeavor to feed the child by some form of modified milk, and that endeavor was to get some one formula which would most nearly resemble mother's milk, and be the correct formula for the average baby.

Today in the use of percentage feeding we must follow Homeopathy as clearly as in any case of drug giving in the following tenet: We must individualize our cases. We must try to make the percentage of fat, sugar and proteids suit the individual case in hand. That is what is known today as the American Method of Percentage Feeding, and that is the method in my judgment (and I have tried all methods) that is going to help you in the tightest places with your severest cases. I know that when I speak about laboratory feeding all sorts of objections may be brought against it. I hope, Mr. Chairman, that the secretary or Dr. Simonson will favor us with the other side of this question.

DR. SIMONSON, New York: Mr. Chairman, I hate to take up the cudgels against my friend, Dr. Moore, and I do not know what my friend, Dr. Raue, might have said. Home modification of milk is a little hobby of mine. I use the laboratory method only, as a rule, where the mother is young and the family living in a boarding house, where it is difficult to do the work properly. I believe that the results obtained by home modification are just as good as in laboratory work if you will take the time to instruct the mother how to do it. Of course it takes a little time to teach the mother how to do the work accurately. You must tell her what utensils to buy, and after she gets them you must show her how to modify the milk. Let her see you do it. Never give any verbal directions, but the directions should be explicit, consecutive and in writing, step by step. It is surprising what good work can be done by the average mother once she grasps the subject.

What Dr. Moore has said as to the relation of fat in cow's and mother's milk is true, but there is one thing I would add. The main thing in the modification of cow's milk is not to cut down the total protein, but the casein. The offending substance in cow's milk is the casein, and it is to cut that down that you make the first dilution. After you have cut the casein down to the point where the infant can stand it you have cut the fat down to starvation point.

One objection to the laboratory method is the fact (I don't know whether it is done now or not) that they use a separator. Now I object very much to the use of the centrifuge, which practically crushes the milk, breaks it up, and then you add milk from another source, possibly of different age, and it is this that I object to. You get good results chemically, but we are not looking to the chemical side of it. Now in the home preparation the mother skims off the cream according to directions, and then puts the top back into the milk from which it came, only in somewhat different proportions. That is the important point.

Now another thing, as to educating the stomach to digest casein. Up

until within the last year most of the attention of the profession has been directed to the digestion of protein, and then the question of fats was taken up. Dr. Westcott hit the nail on the head when he said that many men are feeding too much fat. In many cases in which the symptoms are attributed to protein the trouble is with too much fat. In cases of malnutrition, where we have a failure of intestinal digestion, almost invariably the first thing to do is to cut down the fats. But I want to say something about milk sugar. Dr. Coit, of Newark, for the last few years has given this question close study, and he says that many times when modifications have been made in fats and protein the trouble has been with milk sugar. Dr. Jacobi, years ago, objected to this. Milk sugar is a laxative. Dr. Fletcher has run the percentage of milk sugar up and down to control the bowels. Pure milk sugar is not so much of a laxative, but it has been found that the average commercial sugar on the market contains an enormous amount of decomposition parts. This has been shown conclusively, and the American _____ Company, which produces the bulk of this sugar, is responsible. Their main plant is at Bainbridge, N. Y. The sugar is made with only one crystallization when it ought to have four. It comes out in great big rolls, almost as brown as light coffee. This is put on the market to feed our infants. Dr. Coit has shown how toxic this is. Only a few months ago in Berlin a series of investigations were started showing conclusively that many toxic results were due to milk sugar. I have known of many cases of looseness of the bowels, with symptoms of mild protein dyspepsia, in which the milk sugar was cut out, and a change made to cane, with excellent results.

One more thing, and that is about the method of handling fats in cases of dyspepsia. I believe the secret of success in these cases is the proper handling of fats. Where we get cases that are not digesting the fats, have three or four slimy pea-green movements with much mucus, I do not believe it makes much difference what remedy you give that child if you do not cut down the fat you will not succeed in effecting a cure. I have seen cases given fat-free milk and it is surprising how much protein those children will sometimes take. They will take more with the fat cut down than with the fat in the milk. As soon as the symptoms begin to improve I start with fat-free milk—27 ounces, then 26, 25, 24-ounce bottom milk until I get up to whole milk, then start down with 24-ounce top, 15-ounce top, etc., on up.

DR. MOORE: I would like to ask the doctor what instructions he gives the mother.

DR. SIMONSON: How do I tell the mother? I use what I tell the students is the "layer" method. The average child, 3 or 4 months of age, will digest two and a half to three times as much fat as protein. When you get up to six months, or eight or nine, it will digest about twice as much, and from that on it is able to digest about equal fats and protein. The human milk is very much more like the fat of cow's milk than the protein of cow's is like the human on account of the excess of casein. As to why we cut the protein way down to $1\frac{1}{4}\%$ when if the child was taking breast milk it would be taking from $1\frac{1}{2}\%$ to 2% , cow's milk is richer than the woman's and you must give less of it. You start with a child two weeks old and give it about one-third as much protein as fat, and when six months about one-half. Tell the mother what top milk to take off. The child will take 50 ounces in 24 hours. There will be seven feedings with six or seven ounces in a bottle. The child will be taking 4% of fat and 2% of protein at five or six months.

DR. MOORE: Do you have the mother figure this out for herself or do you give directions as to when the milk is to be changed?

DR. SIMONSON: I do it in this way. Say you have a baby one month old. It will take 3% fat, 1% protein. It ought to take about 30 odd ounces in 24 hours. I tell the mother exactly how many ounces of top milk to use and how many ounces of gruel. I give her directions for

the feeding of the baby for some time. I do not figure out each change, but I say up to a certain time. I figure out the maximum at a certain age and beyond that point she must not go without consulting me. I start with a minimum and figure the maximum.

DR. SARAH HOBSON, Chicago: I am a good deal interested in the practical side of home modification because the majority of the members of the Institute, who are looking after the baby, do not find it convenient or practical to refer these mothers to a laboratory. The majority of family physicians are not working in the city.

This is the plan that I have carried out with my mothers. I give them the minimum and maximum measures. The average intelligent mother is glad to give time to thinking out the details. Most mothers have so complicated a life in making ends meet that they cannot furnish sufficient mammary supply to bring our present-day babies up to the maximum. A very encouraging thing in our home districts is that the babies of today generally are better fed, better nourished, bigger in stature, heavier in weight, than their fathers and mothers of a generation ago. That is true in our cities and in the suburbs of our cities. It is more common there than in the country because of the work of the specialists in the cities.

The practical method makes the baby's sleep and growth the test. At the end of two, three or four weeks a baby ought to sleep from ten o'clock until six without interruption. The test of growth is a quarter pound a week. Supplement breast feeding the first month if the baby does not come up to the standard. Begin the supplementary feeding with 1 to 6 cream and water (certified milk). Increase the proportion of top milk just as rapidly as the child will take it, obtaining the proportion of 1 to 2 at 3 months, equal parts at 6 months and full milk at a year. The diluting fluid after 3 months should be cereal water, barley, wheat or oats, according to individual need.

DR. SIMONSON: In speaking of the practical side of directions to mothers I would like to say that after I tell the mother the maximum point the last thing I do is to tell her those symptoms which may indicate something wrong, the symptoms of dyspepsia, the symptoms of protein dyspepsia, etc. I write those out for her, and then if anything goes wrong she can let me know.

DR. MOORE: Just one word. I knew that if I took up the laboratory method of percentage feeding I should bring out the best method of home modification. You must have the percentages. You must know how much fat, how much protein and how much sugar, and you must be absolutely acquainted with the three indigestions. I tell my students that they will never have any success in feeding babies unless they know fat indigestion, protein any success in feeding babies unless they know fat indigestion, protein indigestion and sugar indigestion. They are as different as symptoms of pneumonia, typhoid fever, etc. Dr. Simonson and I are just exactly in the same boat as to the percentage method, only he is the prescriber, his own mathematician, and the mother is the laboratory worker. Whenever I can get hold of a good laboratory I am the prescriber, the laboratory is the mathematician and the worker. I believe I must say to you that where you have a sick baby, and my remarks this morning were along the line of prescribing infant feeding for sick babies, the laboratory is the safest and best worker. I am glad that this question has been brought up and most glad to hear these discussions. I hope you will all go away with the idea that whether you feed the baby by the laboratory or home modification you want to feed babies in accordance with the percentage method.

DR. JULIA HAYWOOD (closing the discussion): I think it has been generally conceded in the discussion, and I know that it is my own opinion, that modified cow's milk meets the problem in a most thorough way. I give out to my mothers printed cards of direction for home modification (they have not the opportunity to use laboratory methods) and trust to their discretion, good judgment, good sense and interest in the well-being

of the child. The test of modified cow's milk is that we have pure milk to give at starting, and one part of my paper was to that end. We are doing quite a little in Rochester toward getting good milk for the consumption of babies. Dr. Williams has recently carried out some investigations on his own account. Efforts in this direction would bring modified milk within reach of the poor.

BUREAU OF CLINICAL MEDICINE.

URINE ANALYSIS IN DIAGNOSIS.

CLIFFORD MITCHELL, M. D., CHICAGO, ILL.

Between the abstract or theoretical value of urine analysis as a scholastic department of the subject of diagnosis and the concrete or actual service rendered the diagnostician by the analysis of urine there is a great gulf. This paper can obviously consider the latter only. The question for discussion, therefore, becomes "What in general is the real service rendered the practitioner by observation of the real condition of the urine?"

Before attempting to answer this question in detail I must insist (1) upon complete consideration of the meaning of the words "real condition of the urine," and (2) upon expressing the opinion that this real condition of the urine is learned in but comparatively few cases. Consider for a moment the number of persons mostly young or inexperienced dabbling in urine analysis throughout the United States. Consider also the number of patients furnishing urine for analysis with no instructions or few as to how it should be collected and preserved. Between the uninformed patient who furnishes the urine and the inexperienced man who examines it much that might be of clinical value goes to waste and little is learned concerning the real condition of the urine. Still farther, in spite of all the physician's efforts in behalf of collection and preservation, it is true that indifference, slackness or carelessness on the part of those who stand between us and the patient in the capacity of attendants may prevent us from learning the real condition of the urine. Putting it more concretely, it is a fact (1) that tube casts, though plenty in freshly voided urine, may disappear in six hours or more. (2) That urine containing bacteria in number is unfit for examination, first, because it shows a trace of albumin due solely to these bacteria, and second, because these bacteria may have destroyed the casts. (3) That nearly all urine of women is unfit for examination unless collected with more than ordinary precautions. (4) That the urine of nearly all pregnant women contains discharges from the genitalia. (See Dr. Bryan's paper before the Kentucky Homœopathic Medical Society for 1912.) (5) That the urine of practically all pregnant women is, therefore, unfit for examination in hot weather or when kept for some hours in a

warm room on account of the bacterial decomposition due to such contamination. (6) That urine collected in hospital urinals is likely to be unfit for thorough examination when a few hours old, because of bacterial contamination. (7) That comparatively few nurses know anything at all about the collection and preservation of urine for diagnostic purposes in medical cases. (8) That comparatively few hospital internes utilize the full measure of diagnostic knowledge which the real condition of the urine affords. Hence it is that we insist upon due consideration of the phrase "real condition of the urine" before we can discuss the concrete value of urine analysis to the practitioner. Once more, no matter how carefully or how perfectly the collection and preservation of the urine has been undertaken, superficial or slipshod examination may again defeat us in our search for knowledge of the real condition of the urine. Again, it is a fact (1) that acetone and diacetic acid may either or both be present in the urine of non-diabetic patients. (2) That urine of specific gravity as low as 1010 may contain sugar, and that urine of specific gravity, 1030 or higher, may be free from it and contain albumin. (3) That all urine of high color is not necessarily of high specific gravity even when scanty. (4) That all test solutions for sugar which contain copper salts are untrustworthy in the sense that they react and throw down a precipitate with substances in the urine which are not sugar at all. (5) That certain albumin tests will react with the urine of nearly all women on account of the admixture in such urine of discharges of protein fluids from the genitalia, especially in pregnancy. (6) That the determination of urea in urine with the Doremus ureometer is of itself alone of almost no value unless (a) the diet of the patient be known and (b) the amount of other solids in the urine determined. (7) That so many extraneous objects, hairs, fibres, fungi, algae, etc., are found in urine, and especially in the urine of women, that not everybody can be trusted with the identification of casts.

These are but few of the points which occur to me to cite as arguments in favor of my contention that the real condition of the urine is probably not ascertained in the majority of cases.

The importance of knowing the real condition of the urine is well shown by the following case occurring recently in my practice. Not long ago a specimen of urine was sent me which had been collected by a nurse from a middle-aged man who had been in a certain hospital for only a few days. The case was an obscure one; the principal symptoms had been weakness and rapid emaciation. The urine being extremely scanty in 24 hours was sent for examination with the idea that the patient possibly had nephritis. I found the quantity only 360 c.c. in 24 hours, of which 270 c.c. were said to have been voided in the day-time and 90 c.c. by night. The color was reddish, the odor strongly of ammonia, the reaction strongly alkaline, the appearance

cloudy with dense whitish sediment, the specific gravity 1025. No doubt you will say as I thought "prostatic case, retention and decomposition of urine, alkaline cystitis, etc., etc." Not a bit of it! Microscopical examination of the urine showed bacteria in enormous numbers (*Micrococcus ureæ*), amorphous phosphates, triple phosphate crystals, and numerous ammonium urate crystals, but without pus and without blood. The urine contained but a trace of albumin and sugar was absent. In other words, it was merely decomposed urine without either pus or blood. Decomposed hospital urine without either pus or blood means in the great majority of cases an ignorant, uninstructed or careless nurse. Hence I reported "urine unfit for examination, please furnish another sample properly collected." Another sample was collected and this time properly. The analysis showed the following:

Volume per 24 hours 170 c.c.
 Acidity 112°.
 (Not alkaline as before, but *highly acid*.)
 Specific gravity 1027.
 Color High.
 Appearance Cloudy (urates).
 Urea 2.7% 4.59 grammes per 24 hours.
 Ammonia 0.13% 0.22 grammes per 24 hours.
 Ratio of urea to ammonia...20 to 1.
 Albumin Plain trace.
 Sugar None.
 Diazo reaction Negative.
 Urobilin Strongly positive.
 Uroerythrin"
 Indican Slightly positive.
 Ferric chloride reaction Negative.
 Sediment:—Amorphous urates and a few uric acid crystals, no casts, no pus, no blood.

Such urine showing a high ammonia percentage and a strongly positive urobilin reaction points to the liver rather than to the kidneys or urinary tract as the source of the trouble. I suggested that the case was an hepatic one rather than nephritic and advised counsel, suspecting malignancy from the history and symptoms. The diagnosis subsequently made by a competent surgeon was sarcoma of the liver.

This case shows most clearly how ignorance of the real condition of the urine nullifies the value of the urine analysis, decomposed urine being practically worthless for purposes of diagnosis. It also shows the necessity for actual knowledge on part of the physician of how, when and by whom the urine of his patients is collected.

This is one only of a large number of disheartening experiences which I could relate were there time to do so.

Supposing now in more cheerful vein we assume that the urine for the entire 24 hours has been collected properly, preserved in a cool place and is in good condition when examined—as all urine should be and can easily be if one is willing to take the pains to have it done.

What is the real value to the diagnostician obtained from knowledge of the real condition of the urine?

Lack of time forbids answering this question as fully as I would like, but taking up the various parts of the analysis of urine *seriatim* so far as the physical characteristics are concerned the following may be said:

Men in health pass more urine by day than by night, understanding by night that urine which is voided (a) after retiring and (b) on rising in the morning. Hence in the case of men who do not drink freely before retiring an excess of night urine over day is strongly suggestive of disturbance of health. We find such excess in (a) nephritis, (b) cardiac diseases and (c) gastro-intestinal toxemias. A large amount of urine both by day and by night suggests diabetes in either sex. High colored urine we find in nephritis, dropsy, fevers, congestions and the like, as you know. But let me particularly direct your attention to the peculiar conjunction of high color with low or not increased specific gravity:—say, 1010-1015 of the 24 hours' urine. Such conjunction we find in (a) pernicious anemia during exacerbations and (b) in cirrhosis of the liver complicated with chronic interstitial nephritis as in alcoholics. Such urine serves an excellent purpose as a "talking point" when we wish to warn an alcoholic of his dangers.

The acidity in terms of decinormal sodium hydroxide is held to be of importance with relation to arterio-sclerosis. It is claimed that chronic high acidity precedes this serious condition. It is also claimed that the urine of the tubercular holds its acidity from 12 days to 3 mos. if kept from air and dust. I would be pleased to know if any of you here can verify these claims.

Taking up the analysis of the normal solids per 24 hours we find the ratios of urea to other solids to be apparently of clinical value, but we can assign little or no value to determinations of the particular solids singly, except chlorides in pneumonia. A high ratio of urea to phosphoric acid occurs in nervous exhaustion, Addison's disease and pyuria. A low ratio of urea to ammonia and of urea to uric acid suggests hepatic disturbances. Of clinical value is the ratio of urea to chlorides in managing the diet and increasing elimination of nitrogen in nephritis when we wish to exclude salt and to increase urea. Normally the ratio of urea to chlorides is about 2 to 1. We like to see this increase rather than decrease in nephritis. Similarly in diabetes mellitus we watch the ratio of urea to ammonia since the latter constituent is apparently a measure of the acidosis. A large amount of both urea and ammonia we may view with compara-

tive unconcern as due to the nitrogenous diabetic diet, but when the ammonia runs away from the urea—*i. e.*, is in great excess compared with urea, coma threatens. (The same is true of puerperal eclampsia, a low ratio of urea to ammonia signifying danger, as will be explained in full in my paper before the Obstetrical Bureau.) In general, ratios of urea to ammonia below 10 to 1 are of serious prognostic significance—*i. e.*, of impending coma in diabetes, of impending eclampsia or other trouble in pregnancy, and in my experience cannot be accounted for by diet alone. Thanks to Dr. Askenstedt, of Louisville, we have a satisfactory quantitative method for indican and the same worker is now developing, he tells me, a quantitative method for the glycuronates based upon my own modification of Goldschmiedt's alphanaphthol test. It would indeed appear that to measure the sum total of intestinal putrefaction we should be able to measure the sum total of indoxyl sulphate plus that of glycuronates in protein combination. It is a matter for discussion just how much attention we should pay to the indican and glycuronate content in the urine.

Of considerable certainty in connection with organic diseases of the liver is the urobilin reaction—*i. e.*, the green fluorescence with the zinc acetate solution. An unmistakable vivid fluorescence with this test has been obtained by me in a few cases, three or four at most, two of which have been diagnosed as sarcoma of the liver; the others suspected to be cirrhosis. The zinc acetate solution must be made according to the formula of Dixon Mann, given in my book on page 195. As ordinarily described, namely, as a 10 per cent. alcoholic solution, it is worthless, since it dissolves only sparingly in absolute alcohol.

The value of urine analysis in detecting abnormal constituents, albumin, sugar, etc., is so well known and the diagnostic field so broad that it is impossible to consider it fully here.

Taking the blood pressure in connection with the urine analysis is of service, as, for example, in differentiating amyloid kidney from nephritis.

The approximate determination of albumin in the urine is rapidly accomplished by Aufrecht's centrifugal modification of Esbach's method.

The recognition of glycosuria can be made earlier than formerly by use of Dr. Benedict's test liquid, which is more delicate than either Haines' or Fehling's solution, but which fails to react with normal urine. (Demonstration.) His quantitative method by titration is the only really satisfactory one I am familiar with, but Toren's technique of boiling two and one-half minutes after addition of each drop must be observed toward the end of the process.

Regarding acetone and diacetic acid I can confirm Dr. Blodgett's observation as to the occurrence of these bodies without sugar in the pernicious vomiting of pregnancy as well as his

statement that by administration of sodium bicarbonate we can overcome this peculiar acidosis.

Finally, in studying the sediment of urine, I am led to consider the importance of the occurrence of blood rings or shadows. In all cases of obvious nephritis with hæmaturia or of renal calculus (confirmed by operation), I have found these blood rings or shadows in the freshly voided acid urine, hence in any obscure case the finding of these shadows or rings in freshly voided acid urine, when the patient is free from bladder symptoms, points to the kidney as the source of the trouble. The diagnosis is valuable when casts are absent and in my hands has led to a confirmatory operation on the kidney more than once. The shadows must be numerous. One or two found only after long search may occur in bladder cases.

With reference to casts, I still assign considerable importance in chronic nephritis to the relative number of waxy casts as regards the general condition of the patient. The fewer these casts the better—in other words.

These then are a few of the points illustrating the real service rendered the practitioner by observation of the real condition of the urine. If time allows I would like to demonstrate a few interesting cases which I have run across lately.

Case I. Alkaptonuria.

Case II. Bence-Jones Albumosuria.

Case III. Urobilinuria.

DISCUSSION.

DR. GEORGE F. LAIDLAW: I can sympathize with Dr. Mitchell in his troubles with urine that is turbid from microbic growth. There is no way of detecting a trace of albumin in such a urine and any casts present have usually disappeared. All such urines become a little more turbid with albumin tests, leading to false conclusions. Such urines can be cleared by mixing with magnesium oxide and other powders and filtering, but this removes the albumin as well as the turbidity. The only urine fit for examination for a trace of albumin is fresh, clear urine. In the case of women, in making a general examination, it is my custom to draw the urine with a catheter. This is easily possible if you have the convenience of an office nurse.

The determination of the real significance of a few hyalin casts is often difficult. You have all known patients presenting a few casts in the urine and perhaps a trace of albumin, either persistently or intermittently, over a long period of years. Some of these cases die uræmic within two years of the discovery. Some of them do not. In examining these cases for the first time I know no way of differentiating the patient who will go steadily on to uræmia, and the patient who will live for many years and laugh at the life insurance company that rejected him. Of course if the signs of well-developed interstitial nephritis are present, hypertrophy of the heart, accentuated second sound, high arterial tension, large amounts of urine of low specific gravity, and a trace of albumin and casts, the problem is easy. On the other hand, if the heart and arterial tension are apparently normal, the only way I know of estimating the seriousness of the urinary signs is to watch the patient and see what happens to him. On the other hand, it is not always safe to conclude that an apparently normal heart and normal arterial tension means that

a given case of albuminuria is benign. Some of these cases are associated with myocarditis and die of uræmia, œdema of the lungs or of angina pectoris without at any time showing high arterial tension or any recognizable hypertrophy of the heart.

In regard to the sugar test, I agree with Dr. Mitchell that the copper solutions are deceptive. It must be as often as once in two years that some physician will bring a specimen of his own urine in which he has found sugar by his favorite copper test, generally Fehling's solution. Usually it turns out to be a urine of dark color, containing an abundance of uric acid or urates or oxalate of lime. With such urines all copper solutions are apt to throw down a reddish sediment or the blue color turns green, giving the impression of a trace of sugar. The Purdy copper solution is the least deceptive. In my own work I use the Purdy solution as a reagent for discovering sugar. If the reaction is at all suspicious I confirm by fermentation. These objections to the copper tests refer only to traces of sugar. If sugar is abundant it is easily shown by any test.

Speaking of indican, of urea, of the relation of urea to ammonia and the value of the urine as an index in metabolism, it seems to me that we are only on the threshold of the study of metabolism and that we must be very careful in drawing conclusions from the examination of urine alone. Elimination in the fæces must be taken into account also. We must unlearn some of our cherished beliefs about urinary elimination as an indication of disease. One of these, as Dr. Mitchell well states, is the reliance that we have placed upon the elimination of urea as an index of renal excretory power. I must admit that in past years I have been a great sinner in this respect. Many a time have I sent to an anxious physician a report that his patient was eliminating only 14 or 16 grammes of urea, which was only one-half the normal amount. Now the fact is that urea varies with the amount of nitrogenous food taken much more than it does with the excretory power of the kidneys. Except in advanced stages, when all urinary elimination is deficient, a patient with Bright's disease who is eating freely of meat and eggs will eliminate a large amount of urea, while one who is on a spare diet will eliminate a small amount of urea no matter whether he has or has not nephritis. Those of us who attend hospitals see the percentage of urea set down on the urinary chart as 1% or 1.6%. This figure is absolutely worthless. The only figure of urea that would be worth anything would be the amount eliminated in twenty-four hours and this figure, too, is comparatively worthless unless we know the amount of nitrogenous food that the patient has taken during this time and unless we calculate the amount of urea that such an amount of nitrogenous food would produce. Practically none of us do this. Then the alternate periods of retention and excessive elimination of urea and other solids confuse the problem still further. In recent years I have come to disregard even the amount of urea eliminated. It is better to do this than to draw conclusions that are probably false. The study of urea elimination is a matter for the physiological chemist and the experimental laboratory, and not a question that can be handled satisfactorily by the practicing physician.

I have never taken up the study of the indican or the ammonia very enthusiastically. As shown by Herter some years ago indican is by no means an exact indicator of intestinal putrefaction. Moreover it is a substance that easily changes its form so as to be unrecognizable. I do not find it in the urine by any means as frequently as do some observers. Perhaps I have been too conservative also in the matter of urinary ammonia, but it has seemed to me that the ratio of urinary ammonia to urea and uric acid was capable of so many interpretations that it was scarcely a reliable guide in diagnosis. If there were such a thing as recognizing disordered functions of the liver by urinary examination it would be very serviceable in diagnosis, for the liver is an organ whose diseases we usually fail to recognize until they have progressed to an

incurable stage. However it has not seemed to me that the study of metabolism has yet advanced to the point where we can be very dogmatic in interpreting the results of urinary examination as related to diseases of the liver or to general metabolism.

F. C. ASKENSTEDT, M. D., Louisville, Ky.: I was much interested in Dr. Laidlaw's discussion and of course in the paper just read, for a closer observer than Dr. Mitchell is hard to find. I am not a urinary specialist, but as an internist I am naturally interested in any examination that is an aid to the study of the metabolism of the body, and in this respect urinary analysis is without an equal. In speaking of the nitrogenous constituents of the urine, Dr. Laidlaw has indicated the most valuable clinical index to protein metabolism, inasmuch as nine-tenths of all the nitrogen used by the body is excreted by the kidneys. I will go one step further than Dr. Laidlaw and assert that by the use of more recent and simplified methods we are now able to make ready and reliable estimates of ammonia and indican, which when expressed in ratios with urea will furnish us with valuable clinical evidence regarding the functions of digestion, oxidation and hepatic sufficiency. For example, a large amount of ammonia excreted with a small quantity of urea points to acidosis or insufficiency of the liver, whose function is to convert ammonia and carbonic acid into urea. Hence in functional and organic disorders of the liver, especially in acute yellow atrophy, the ammonia-urea ratio is much reduced. I have seen it as low as 1 to $3\frac{1}{2}$, while normally the ratio is 1 to about 33. In acidosis the ammonia-urea ratio always suffers a considerable reduction, since the free acids seize upon the ammonia generated by retrograde protein change, often directly inducing rapid muscular wasting, and the gravity and progress of an acidosis can be ascertained by observing the degree of this ratio and its fluctuations. The more favorable acidosis due to insufficient feeding with carbohydrates or fasting presents a higher ammonia-urea index than does the more formidable acidosis of diabetes.

When there is a relatively large amount of indican in the urine one thing is certain, provided large putrefying masses elsewhere in the body can be excluded, the digestion of protein is inadequate, permitting abnormal bacterial activity in the intestine and absorption of resultant products of putrefaction. Urinary indican is a direct result of one of these putrefactive products admitted to the circulation, and is therefore a direct evidence of an intestinal auto-intoxication, which may otherwise be more or less effectively concealed.

Dr. Mitchell states that sugar may be found in urine of as low a specific gravity as 1010. In one case of mine of chronic glycosuria sugar was demonstrated with the Haines' test when the specific gravity was only 1006 $\frac{1}{2}$, the patient having consumed a considerable amount of beer before coming to the office.

He also mentioned the presence of diacetic acid. We are apt to associate it only with diabetes. In this disease it may be due wholly to the withdrawal of carbohydrates from the diet, and will then disappear after a more rational feeding; or it may be found in any illness where the feeding is insufficient. A fast extending over four days will invariably produce it.

A relation is supposed to exist between highly acid urine and arteriosclerosis. From this point, if you will permit me, I will read the results of the examination of 62 of my patients with high acidity and 52 with low, a hydrochloric acid co-efficient of over 0.027 being considered high, and under this low. Since almost everybody at or above 50 years of age may be regarded as subject to arteriosclerosis, it seemed appropriate to consider the age of these patients. Of the 62 with high acidity, 47% were 50 years of age or over; of the 55 patients with low acidity, only 39% were of this high age, which shows, if we are justified in drawing an inference from so small a number of cases, that high acidity occurs somewhat more frequently at the senior age. It does not necessarily

prove, however, that high acidity is the cause of arteriosclerosis. Assuming that general arteriosclerosis is usually preceded by high arterial tension, which most of us are willing to do, we will eliminate all the patients 50 years and over, and examine the rest. Of these presenting high acidity, 2 were found with arterial tension, 8 with normal and 12 with low; while of those with low acidity, 2 presented high arterial tension, 14 normal and 11 low. It does not seem therefore as if low alkalinity of the blood, as shown by high urinary acidity, was capable of inducing high blood pressure.

Metchnikoff and others ascribe arteriosclerosis to intestinal auto-intoxication, and while indicanuria expresses this only in a limited way, it may be of interest to compare indicanuria with the blood pressure. Of 41 cases with low indican-urea ratio (*i. e.*, excess of indican) high arterial tension was found in 12, normal in 15 and low in 14.

Again excess of indican is said to be always associated with high urinary acidity. Eighty-one cases with high acidity and 71 low were examined. Of these great excess of indican (low indican-urea ratio) was found in 6% with high acidity and 4% with low. Moderate excess in 17% with high acidity and 26 with low. Slight excess in 22% with high acidity and 17% of low, and normal (high indican-urea ratio) in 55% of high acidity and 53 of low.

The question of acidity and albuminuria is one that has recently elicited much interest. Of 88 of my cases with high acidity albuminuria was found in 11, or 1 in 8; while in 73 cases with low or normal acidity albuminuria was found in 10, or 1 in 7.3.

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No. 5

The meeting of the American Institute of Homoeopathy to be held in Denver in June, 1913, should be the Mecca for every member. Numerous excellent hotels, clubs, parks and places of amusement, unsurpassed mountain scenery, bright sunshine, and pure, cool, salubrious air make Denver an ideal convention city.

"Denver does things" is our slogan, and we want to assure the profession that so far as Denver is concerned nothing will be left undone to make the Institute meeting a grand success. Now is the time to make your plans for next summer's vacation. Get away from your daily grind. Come with the Institute, take part in the work, renew old acquaintances and make new ones, exchange ideas, promote sociability. Arrange to spend a few weeks in the Rockies, where renewed health and vigor are imbibed from the backbone of the continent.

Colorado is an ideal place for motor enthusiasts in summer. Thousands come every year. The roads are good, and every point of interest is reached by machine. Here you escape the intense heat of other climes, while a panorama of scenery rivaling that of Switzerland lies always before you, making motoring one continuous round of pleasure. Again, we bid you come with the Institute to Denver and join us in making the meeting the greatest success in its history.

J. B. BROWN, M. D.,
President Colorado Homœopathic Society.

ORGANIZE.

If ever there was a propitious time for the homœopathic school to take up actively the work of organization that time is the present. The work of Dr. H. R. Arndt during the two years when he was actively engaged in the office of Field Secretary for the Institute should now be made to bear full fruit. The great accomplishment of his efforts was the stimulating of a fraternal spirit wherever he went, and that was pretty much all over the country, for there was scarcely a state he did not visit, some of the states a number of times. This work, however, could only be preparatory for a greater work, and that is the organization into effective bodies of the men with whom he came into contact. That is the work of the present and the future. It is time for all men and women who are interested in the maintenance of the principles of Homœopathy to band together and do effective work for that cause. There ought to be a formal society or club in every place where there can be gathered together even a few adherents of our school. It is not too much to say that an organized body of five can do better work than fifty who are not pulling together.

In the states where the state society recognizes this necessity and has made efforts to meet this need, Homœopathy is strong. Witness Illinois, where all over the state there are small societies nurtured and fostered by the state body to which they acknowledge allegiance. There is a regularly appointed committee on organization whose chairman is active in promoting the meetings of the local societies and assists in the preparation of the programs for the meetings, providing speakers from the larger cities to add to the attractiveness of the sessions. Massachusetts has divided its state society into sections which meet at various places, providing programs which bring to the meetings men from all the surrounding country. New York is doing the same thing. There is scarcely a local society at whose meetings a notable visitor is not present with some message of aid to his fellows. Pennsylvania has a large number of local societies, and the name of some prominent man from Philadelphia or Pittsburgh or one of the other larger cities can always be found on the program for the meeting.

These states can take care of themselves and they are doing it. It is up to the Institute to take care of those which are not so strong, and the Institute up to this time has not been fulfilling its obligations. The Field Secretary wisely, it seems to us, directed his efforts toward an arousing of interest in our school and allegiance to it. As a logical sequel to this it is the duty of the Institute to direct its energies in the line of building up formal organizations all over the country. It ought to be possible wherever the men can be found to get them together.

Much time, energy and money has been expended in the past

in efforts to build up our school by getting students for our colleges. This has been successful as is shown by the increased attendance at all of our colleges. They are now able to take care of themselves and depend on the individual efforts of their officers and the members of their faculties for their future growth and support. The Institute must devote itself to the larger and greater work of building up into definite organizations the great mass of its adherents who are not connected with colleges and who, unless some attention is paid to their needs, will drift away and be lost to our cause. Efforts and money expended in this way will bring far larger and more permanent results than if they were devoted to scouring the country for students or printing of pamphlets designed to educate the laity.

The question arises as to how best to accomplish these results, how to get together the half dozen men and women in the cities of five thousand population or less, for it is there that the most effective work can be done. The answer is, by personal work of some person or persons working under the immediate direction of the Board of Trustees of the Institute. In fact, it might be possible to so organize the trustees themselves that they should take active part. Geographically, the membership is so distributed as to lend itself admirably to such a plan. It has already been proposed by a former member and is well worth consideration. Just how the details might be planned would appear upon a close study of the needs and the means at hand. With these we are not at present concerned. The main point to which we wish to direct the attention of our readers is that the work must be done some way and some how.

The trustees should have at their command a sum of money which could be utilized in paying the expenses incurred by an authorized agent in meeting the men and women of our school and aiding them in forming and keeping active and alive societies or clubs in their communities. In each state the trustees should have an agent whose duty should be to keep in touch with these organizations, and he should have the means which would enable him to send to their meetings men of prominence whose presence and addresses would give them a needed stimulus and draw attendance. This is, as we have said, done in the several states quoted, by the state society, and the trustees should do it for those states which are not so strong in numbers.

If there were some such definite plan formulated the trustees ought to be able to have at their command enough money to keep constantly in the field some member, not the same one all the time, but different ones for different sections constantly at work, and a year's time would bring decided results.

As a final thought, the Institute should be the central body about which all these organizations should revolve. The trustees through their representatives should give them definite assurance of aid and support in all possible ways, and would then be in

position to ask for their assistance in furthering work which is found necessary, such as the re-proving of drugs, re-publishing of the pharmacopœia, original research work leading to the still firmer establishing of the law of the similars as a law of cure. Thus would be builded a great organization which would be a power and which would command the attention and respect to which it certainly would be entitled.

THE BOARD OF TRUSTEES.

A regular meeting of the Board of Trustees will be held Saturday, December 7, 1912, at the Hotel Statler, Cleveland, Ohio. All members are urged to be present as important matters will be presented for consideration.

J. RICHEY HORNER, *Secretary*.

By order of the President.

THE PERMANENT ENDOWMENT FUND.

In response to personal appeals for funds for this object I have received several letters like the following:

"My Dear Doctor: I have sent a remittance to Dr. W. A. Dewey, as per his request."

It is important that a distinction should be made between the funds being collected by the Council of Medical Education, of which Dr. W. A. Dewey is secretary, and those being solicited by the Committee on Permanent Endowment Fund. While both are working for the interests of the Institute, they are separate and distinct. The object of Dr. Dewey's committee is to provide immediate funds for continuing the work of propagandism. This appeal should, therefore, be met by every member of the Institute who is financially able to do so.

The Committee on Permanent Endowment Fund is appealing for funds not only for the present needs of the Institute, but for the provision of a permanent source of income for propagandism and organization in future years. The committee in charge of this work is one whose duties are continuous—in the hope that a fund shall be established the income of which will amply provide for the necessities of propagandization and which will relieve the Trustees of the necessity of making annual appeals for contributions. It is hoped that members of the Institute, and all others to whom an appeal for help is made, may keep this distinction in mind.

WILLIAM H. DIEFFENBACH,

OUR BRETHERN IN FOREIGN LANDS.

Including London. We desire to call particular attention to the last part of our letter from London, printed in our Correspondence Department. As will be seen, this refers to a really distressing situation in Russia. There is a bill before the Douma which if passed will prohibit dispensing of their medicines by homœopathic physicians and force them to have all their prescriptions filled by druggists of the old school. It will be practically impossible to get homœopathic medicines, homœopathically prepared anywhere within the dominions of the Czar. This is certain to be the death blow to our school there, and if there is any way to prevent such action it should be taken.

Dr. Brasol has appealed to the International Council, and its Chairman, Dr. J. H. McClelland, is preparing to send to him the pharmacy laws of the several states here to demonstrate that there is no discrimination against practitioners of homœopathy. It would be a great help if our members who live in state capitals would obtain copies of these laws, *have them certified*, and this is most important, and send them to Dr. McClelland, 5th and Wilkins, Avenues, Pittsburgh. By all means let this be done and done promptly, else it may be too late and irreparable injury done to our school and those identified with it.

This situation and one being faced by Dr. Sellden and his colleagues in Sweden, and, in fact, in almost every place where homœopathy is not so strong as it is in our country, brings to mind the great value of the International Directory as a visible proof that recognition is being given our school in the most advanced countries of the world. It contains a large fund of homœopathic information. It gives many illustrations of homœopathic hospitals. It tells of homœopathic centres of education. It gives valuable comparative vital statistics. And it goes all over the world telling of the existence and strength of the homœopathic school of medicine.

It is not a money-making matter. In fact, the editors have given time and money and stand to lose a lot more of both. They have worked in season and out, sacrificing much in order that the book might be of the largest value to the greatest number. They deserve to be rewarded, and the best reward they can have is to know that the book is placed where it will help homœopathy. Every member of the Institute owes it to them to purchase a copy. It can be had from any of our pharmacies, or it will be sent direct by its editor, the man who has had most to do with its compilation and publishing, Dr. E. Petrie Hoyle, 84 Holland Park, W., London, England. It can be had for the ridiculously low price of *one dollar*, the price of a prescription in the office. Doctor, buy one right away!

WESTBORO, MASS., STATE HOSPITAL REPORTS.

Superintendent Spalding has made an auspicious beginning of his service at this institution which has for so many years been a landmark in our school under the fostering and most able care of Dr. George S. Adams, and his predecessor, Dr. N. Emons Paine. The reports in this volume are noted in our book review columns as valuable contributions to the literature on insanity and its allied disorders, and it remains for us in this place to offer our hearty congratulations to Superintendent Spalding and his associates and to "wish them many happy returns," for there certainly must be enough material available to warrant a continuance of the work.

Here, also, we offer our felicitations to Dr. Adams, and wish him many years of life to enjoy the fruits of his long and useful professional life. The great influence for the good of our school wielded by him and by all of those who are giving the best of their life and efforts in behalf of this work for our school can scarcely be computed. While efforts for homœopathy made in private life count, high class work like theirs done in official positions, for the state or federal government, keeps us forging ahead. To all these the JOURNAL presents its compliments and its best wishes for their continued success.

 THE SURGEONS' CLINICAL FEAST.

Probably before this issue of the JOURNAL reaches our readers there will have been held in New York City the Clinical Congress of Surgeons of North America, which occurs November 11-16. A reprint from the *Journal of Surgery, Gynecology and Obstetrics* gives in a preliminary program a roster of officers and committee in charge of the meeting, together with a complete list of the surgeons, gynecologists and obstetricians who are to have charge of the clinics.

In passing we might say that last year's meeting of this Congress was held in Philadelphia, November 9-11, and was a tremendous success. Every branch of these specialties is covered in the clinical work, all the hospitals of Greater New York being open to the Congress. There will be evening sessions, at which papers of live surgical interest will be read by prominent surgeons of America and Europe, and these will be open to general discussion.

We are interested in this meeting for the reason that a very distinct recognition is given the surgeons of the homœopathic school. On the program we note that Drs. George W. Roberts, E. P. Swift and P. C. Thomas will operate at Hahnemann Hospital; Drs. W. H. Bishop, Wm. Tod Helmuth, L. L. Danforth, E. G. Tuttle and Walter Gray Crump will hold their clinics at Flower Hospital, Dr. Danforth having assignments for two days. At the Metropolitan Hospital Drs. G. S. Harrington, Wm.

Francis Honan, Homer I. Ostrom, Clinton L. Bagg and John H. Storer will operate, Drs. Harrington, Honan and Ostrom having assignments for two days. At the Cumberland Street Hospital in Brooklyn, Drs. W. H. Pierson, H. C. Allen, C. Burnham and T. A. Buys will hold clinics. It goes without saying that this recognition will be received with satisfaction by all who are interested in the progress of the medical profession towards what former President Carmichael termed last year "medical unity."

GENERAL NEWS NOTES

CALIFORNIA.

The editor had the pleasure of momentarily greeting Dr. Wm. Boericke, of San Francisco, in Cleveland, though the editorial office was not graced by his presence. Dr. Boericke was on his way home after an extended visit to his son in New York City. The doctor was suffering from an infection of the hand, which, we hope, is by this time entirely well. He was visiting Dr. H. R. Arndt.

The daily papers of Los Angeles note that Dr. Lewis P. Crutcher has located in that city. They report his resignation of the Vice-Presidency of the League of Medical Freedom and the editorship of the League Journal. Dr. Crutcher's former home was in Kansas City, Mo., where, for thirteen years, he was a teacher in the Hahnemann College of that city. He has been President of the Missouri Institute of Homœopathy.

The twenty-second annual meeting of the Southern California Homœopathic Medical Society was held at Los Angeles, October 9-10. It is declared to have been the most successful and largely attended of any similar meeting in recent years. The following officers were elected for the ensuing year: Dr. T. C. Low, Los Angeles, President; Dr. C. S. Orr, Ontario, First Vice-President; Dr. Willella Howe-Waffle, Santa Ana, Second Vice-President; Dr. Robert A. Campbell, Los Angeles, Secretary and Treasurer.

COLORADO.

The twenty-seventh annual session of the Colorado State Society was held in Denver, September 24th, President Swerdfeger presiding. In his address the President pleaded for a progressive and constructive policy for our school, arguing that the great need was for more extended efforts in the way of organization.

While the attendance was small, due, undoubtedly, to the unusual prevalence of rains throughout the state, the meeting was a decided success. A banquet brought out a good attendance, and those present were full of enthusiasm. The coming meeting of the Institute in Denver was the general topic of discussion, and there was a decided feeling that all of the members would get to work and do all in their power to promote the event.

The following officers were elected for the ensuing year: President, Dr. James Butcher Brown, Denver, Colo.; First Vice-President, Dr. F. A. Faust, Colorado Springs, Colo.; Second Vice-President, Dr. Lillian A. Pollock, Denver, Colo.; Secretary, Dr. L. B. Wheeler, Denver, Colo.; Treas., Dr. Carl D. Fisher, Denver, Colo.

The following resolutions were adopted: "In view of the fact that no condition is bettered by negligence, be it resolved, That the Colorado Homœopathic Society indorse the position of school boards in placing a course of social ethics in the public schools, said course to be voluntary with parents.

"Be it further resolved, That we recommend that the parents attend these or similar courses of instruction."

CONNECTICUT.

The semi-annual meeting of the Connecticut Homœopathic Medical Society was held October 15th, at Bridgeport, President Henry M. Pollock, Norwich, Superintendent of the State Hospital, presiding.

A memorial on the death of Dr. E. P. Gregory was read and ordered placed on file, while a committee was appointed to take suitable recognition of the death of Dr. Henry M. Hitchcock, formerly a very active member of the society.

Dr. F. E. Wilcox, Willimantic, was unanimously elected to succeed himself as a member of the State Examining Board for a term of five years. The following papers were read and discussed:

Labyrinthitis, Dr. Augustus Angell, Hartford.

The Chronic Miasms with Relation to Children and Children's Diseases, Dr. Richard Blackmore, Farmington.

A New Technique for X-Ray Therapy, Dr. E. H. Linnell, Norwich.

Notes on Typhoid Fever, Dr. F. W. Peck, New Britain.

The Value of High Frequency Currents in Cases with High Blood Pressure, Some Positive Results, Dr. C. N. Payne, Bridgeport.

Discussion opened by Dr. Edward B. Hooker, of Hartford.

Observations on Rheumatism, Dr. C. H. Colgrove, Willimantic.

Some Forms of Dyspepsia that Require Surgical Treatment, Dr. Homer I. Ostrom, New York City.

Clinical Verifications of Some of the Snake Venoms, Dr. M. Z. Westervelt, Litchfield.

Some Cardiac Conditions, Dr. Harrison G. Sloat, Glen Cove, N. Y.

The New Attitude Towards Venereal Disease, Dr. Sprague Carleton, New York City.

At noon the Bridgeport physicians entertained the guests at dinner, about fifty covers being laid.

ILLINOIS.

Drs. E. Stillman Bailey and Frank H. Blackmarr have established a radium emanatorium in the Marshall Field Building, Chicago. They have been experimenting with radium for the past five years, reports of their work having appeared in various issues of the Journal. Drs. Bailey and Blackmarr are to be congratulated on their enterprise in this advanced work in the cure of disease.

The Rock River Institute held its annual session in Clinton, Iowa, among those present being Drs. A. E. Smith, Freeport; Burton Haseltine and Frank Wieland, of Chicago. Dr. Wieland gave a formal lecture in the Y. M. C. A. building on "Growing Boys and the Social Evil." Dr. Smith read a paper on "Homœopathy vs. Bacteriology," Dr. Loizeaux read a paper on "When, How and What to Prescribe," and Dr. Haseltine a paper on "The Relation Between Ethmoid Disease and Bronchial Asthma."

Forty members of the Central Illinois Homœopathic Medical Association met at Bloomington, October 15th, for their thirty-first annual session. The occasion was a notable success, Drs. C. E. Kahlke, A. C. Tenny and Gilbert Fitz-Patrick being present from Chicago. The papers were interesting, the discussions good, and the social part of the day's doings was all that could be desired. The following officers were elected for the ensuing year: President, Dr. C. A. Frazee, Springfield; Vice-President, Dr. J. S. Adsit, Hoopston; Secretary-Treasurer, Dr. L. T. Rhoads.

IOWA.

The Central Iowa Homœopathic Medical Association held its quarterly meeting at Iowa City, October 23d. President E. P. Childs, of Cedar Rapids, presided. The first paper of the afternoon was by George Royal,

on "New Phases of Materia Medica." The second paper was by A. H. Barker, of Brooklyn, on "My Experience with Bacillinum." After the usual banquet these two papers were discussed then followed an experience meeting. This latter part of the meetings of this society are very profitable to the members and others in attendance. The next meeting will be with Dr. Lester A. Royal, of West Liberty, Iowa.

The regular monthly meeting of the Des Moines Homœopathic Society met at the office of Dr. E. G. Linn. The time was consumed by Dr. G. A. Huntoon, who gave a report of the Washington, D. C., meetings, which Dr. Huntoon attended as member of the State Board of Health of Iowa, and in discussing the prevalent health condition of Des Moines, especially as to the cases of diphtheria now prevailing.

MARYLAND.

The Maryland State Homœopathic Medical Society held its semi-annual meeting, October 16th, at the Skin and Cancer Hospital, Baltimore, a large attendance being present, President John A. Evans presiding. Among the visitors was Dr. Norman S. Betts, Philadelphia.

MASSACHUSETTS.

The Massachusetts Homœopathic Hospital is to be benefited to the extent of \$5,000.00 for a free bed to be known as the Henry E. Spalding Bed, and devoted to the needy residents of Hingham, where Dr. Spalding lived for so many years.

The Homœopathic Medical Society of Western Massachusetts held its regular meeting, September 26th, in Springfield, President S. E. Fletcher presiding. There was a good attendance of members, with the following program: "Hygiene of Pregnancy," Dr. E. W. Capin; "Puerperal Infection," Dr. J. B. Comins; "Does Rotheln Complicate Parturition?" Dr. E. H. Copeland; "Office Gynecology," Dr. J. P. Rand.

Dr. Lewis Gregory Cole, New York City, read an interesting paper, October 8th, before the Massachusetts Homœopathic Medical Society on "Radiographic Diagnosis of Gastro-Intestinal Lesions." It was the occasion of the semi-annual meeting of the society, an attendance of some three hundred members and officers being reported. An interesting report was that of Dr. Perkins, who dealt with the marked progress and improvement in the Boston University School of Medicine during the past year. President George R. Southwick presided and gave the members a reception at the rooms of the Boston Art Club. The first day of the two-day session was devoted to clinics by Drs. Horace Packard, Boston; Harold A. Foster, New York City; Fred. S. Piper, Lexington; Charles H. Thomas, Cambridge, and John L. Coffin, Boston.

Dr. E. D. Lane, a graduate of Boston University School of Medicine, and a former member of the staff of the Boston Homœopathic Hospital, has removed from Lynn, where he has been practicing for four years, to Andover.

Dr. David W. Wells delivered the first of a series of talks on public health at the Evans Memorial Building, Massachusetts Homœopathic Hospital, on "The Care of the Eyes." He had about thirty stereopticon illustrations and the talk was very much enjoyed by a large audience of men and women present. Dr. Orren B. Sanders lectured October 22d, and each week there will be a lecture by some member of the staff.

MICHIGAN.

Dr. W. A. Dewey, University of Michigan, Ann Arbor, visited Cleveland on his way from his summer home in Vermont. The doctor motored from Vermont to Buffalo, and from Cleveland to Ann Arbor.

While in Cleveland he was the guest of Dr. H. R. Arndt and Dr. H. F. Biggar.

The Homœopathic Medical Society of Western Michigan held its regular monthly meeting, September 18th, at Grand Rapids. A good attendance and interesting papers are reported.

The Grand Rapids physicians are expecting to establish a homœopathic hospital in that city, Dr. C. E. Beeman being chairman of the Building Committee, with Dr. A. B. Smith as an associate.

President F. B. Harter presided at the meeting. Plans for the future include a visit from President E. C. Kinsman, of the State Society.

Dr. John A. Lenfesty announces the removal of his Detroit office to the Scherer Building, where he gives special attention to chronic diseases. He maintains his home and practice at Mt. Clemens as formerly, being in Detroit on Tuesday, Thursday and Saturday of each week.

The Detroit Homœopathic Practitioners' Society had as its guest of honor at the opening meeting, October 21st, President W. B. Hinsdale, of the Institute. Dr. Hinsdale delivered an interesting address on "Cirrhosis of the Liver," which was listened to with marked attention by the large number of members present.

MISSOURI.

Secretary Scott Parsons has issued the first of the season's monthly bulletins of the Missouri Institute of Homœopathy, of which Dr. E. J. Burch, Carthage, Mo., is President. The October bulletin contains a full roster of the officers, bureau chairmen and committees of the society, together with a complete list of members with their present addresses. Dr. Parsons is to be congratulated on his enterprise.

Hahnemann Hospital and Training School for Nurses, Tracy avenue, Kansas City, has been open for the past three months, during which time the work has been a notable success. The hospital accommodates seventy-five patients.

NEW YORK.

The monthly meeting of the Broome County Homœopathic Medical Society was held at Binghamton, September 19th, a paper being read by Dr. Snyder on "Suggestions in Typhoid Fever," and a clinic being held by Dr. Bailey. The society passed memorial resolutions on the death of Dr. Silas S. Simmons, Susquehanna, formerly one of its active members.

The Onondaga Homœopathic Medical Society held its monthly meeting October 3d at Syracuse. The society was active in extending an invitation to the State Society to hold its semi-annual meeting at Syracuse.

The Homœopathic Medical Society of the County of New York held its regular meeting at the New York Academy of Medicine, October 10th, President J. Wilford Allen presiding. A special memorial tribute to the late Dr. Edmund Carlton was adopted.

The Bureau of Obstetrics, Dr. Sophie Bade Scheel, chairman, reported a number of cases of dystocia. Dr. M. W. McDuffie made a preliminary report on the treatment research now being conducted in Ward Q, the "hopeless ward," on tuberculosis. Dr. E. D. Klots read a paper on "A New Vapor Applied in the Treatment of Tuberculosis." Drs. McDuffie and Klots have been working in the Metropolitan Hospital, each in his own line, for more than a year and have been able to reduce the death rate very materially, some months cutting it in half. Dr. Louis Rene Kaufman demonstrated a new serum used in the work of the bureau of drug proving and clinical research.

Dr. Lindsley F. Cocheu is the very efficient secretary of the society.

Dr. A. Worrall Palmer announces the removal of his offices to The Oregon, 162 W. 54th street, New York City.

Dr. Charles Deady announces the removal of his offices to the Seminole, corner Broadway and 69th street, New York City.

The Buffalo Homœopathic Hospital had its annual donation day on the afternoon of October 15th, at which time there was a large attendance of interested patrons, with the result of enriching the hospital in various ways, among them the acquisition of \$1,500.00 in cash.

Dr. S. H. Vehslage announces the removal of his office and residence to Hotel Walton, 104 W. 70th street, New York City.

The ninth annual meeting of the Interstate Federation of Homœopathic Medical Societies of New York and Pennsylvania was held at Elmira, October 17th, about sixty members of the society and guests being present. Among those from a distance were: Dr. John E. Wilson, New York City, and Drs. Gilbert J. Palen, President of the Pennsylvania State Society; Leon T. Ashcraft, Hahnemann College, and Ralph Bernstein, all from Philadelphia.

The program shows a wealth of papers, which were instructive and interesting. In the evening the local members entertained the guests at dinner at the Hotel Rathbun. The following officers were elected for the ensuing year: President, Dr. E. H. Noble, Elmira, N. Y.; First Vice-President, Dr. E. D. Holly, Candor, N. Y.; Second Vice-President, Dr. H. H. Crum; Secretary and Treasurer, Dr. H. S. Mauser, Scranton, Pa.

The program for the fourth annual meeting of the American Association of Clinical Research shows some very interesting papers. They will be presented November 9th, at New York City, the meeting being held at 17 West 43d street. Dr. F. H. Blackmarr discusses Radium and Thorium Therapeutics, Dr. F. C. Askenstedt, Personal Observations on Indicanuria; Dr. James Krauss, Disease Conditions Expressive of Correct Diagnosis; Dr. Frank L. Newton, Ectopic Pregnancy, and Dr. Krauss, again, The Two Most Far-Reaching Discoveries in Medicine. This looks like a good representation from members of the Institute and is not by any means all of the program. The whole day and evening are to be given up to these and other papers of the utmost importance. Dr. Joseph P. Cobb is Vice-President of the Association.

OHIO.

The thirty-ninth semi-annual session of the Eastern Ohio Homœopathic Medical Society was held October 16th at Canton, Dr. Rockwell presiding. The attendance was good and much interest was shown—not only in the meeting of this society, but in the coming meeting of the State Society at Marion. Dr. C. E. Sawyer, of that city, was present and urged a full attendance, promising that all delegates would be well cared for.

During the day Dr. W. H. Kirkland, Massillon, read a paper on "Serum Therapy;" Dr. H. Landon Taylor, Cleveland, read a paper on "The Gall-Bladder Proposition;" Dr. M. M. Catlin, Canton, a paper giving a report of a case; Dr. B. R. Burgner, Cleveland, read a paper on "The Rectum," and Dr. L. E. Siemon, Cleveland, a paper discussing the ethics of the profession insofar as they relate to the State Board of Medical Examination, of which he is a member.

The members and visitors were the guests of Drs. Catlin and Waltenbaugh at the Catlin Cafe, where a delightful dinner was served.

The Cleveland Homœopathic Medical Society held its regular monthly meeting in the college building October 9th. Dr. G. D. Cameron, Chagrin Falls, read a paper on "Educational Prophylaxis," discussing the up-lift work now being done as a part of what may be termed efforts at "sex education." This was discussed freely by Dr. G. W. Spencer and other members of the society. Dr. Lyman A. Noble read a paper on "The Use of Carcile Tissue as a Preventive of Ankylosis in Joint Surgery." Dr. Noble showed that he had done some very interesting original work along this line and his paper and discussion were very much appreciated by the members of the society.

The Ohio Society for the Prevention of Tuberculosis is conducting an active campaign of education, a number of publications being sent free to anyone who may desire them. The Secretary is Dr. Robert G. Patterson, 20 East Gay street, Columbus, Ohio, where applications for this literature will receive prompt attention. The reporting of tuberculosis in the State of Ohio is now compulsory, severe fines being the penalty of failure. The officers of the society consider this absolutely essential as a basis for any plan to control and stamp out the disease.

Dr. F. C. Lee, Cleveland, spent a month in the East in special studies on the ear, nose and throat, in which department of work he makes a specialty.

We note the marriage, October 12th, of Edna May Wood, daughter of Dr. and Mrs. James C. Wood, Cleveland, to Mr. J. S. Williamson, of Cleveland. Following the wedding a large reception was given by Dr. and Mrs. Wood at their home, at which the appointments were very beautiful and elegant. The young couple will reside in Cleveland, where Mr. Williamson is associated with his father, who is one of the active capitalists of that city.

The formal opening exercises of the Cleveland-Pulte College, Cleveland, were held October 10th, President Reeder, of Baldwin University, of which the college is an integral part, delivering a strong address, followed by Judge Vickery, Cleveland, who is Dean of the Law Department of the University. The main auditorium of the college building was well filled with members of the faculty, students and their friends, and all spent an enjoyable evening. Much pleasure was given by the Students' Orchestra, which played a number of very pleasing selections during the evening. Dr. George H. Quay delivered an address of welcome and encouragement, and was warmly received by the students, with whom he is a decided favorite.

The college opens under splendid auspices, the senior class numbering nearly thirty, while more than that number have registered as freshmen. The other classes are well filled, and the members of all are showing a spirit of enthusiasm and good will which bids fair to result advantageously to the college. The college building itself has been thoroughly renovated, electricity having been installed in all the rooms and a complete new furnishment in the main auditorium. The clinics are crowded and the physicians in attendance are doing their duties regularly under the direction of Dr. F. C. Lee, who is physician-in-chief of that department.

PENNSYLVANIA.

REPORTED BY DR. RALPH BERNSTEIN, PHILADELPHIA.

The Hahnemann Medical College of Philadelphia opened the session of 1912-1913 on Monday evening, September 23, at 8:30 o'clock in lecture room No. 1 with a class of twenty-five Freshmen. The Rev. Floyd W. Tomkins pronounced the invocation and gave a few words of welcome from the trustees, after which Professor D. Bushrod James made a short address. Following the instructions from the dean the student body was entertained by the teaching staff. The entrance requirements of the school have been raised and important additions have been made to the equipment and facilities. Fifteen thousand dollars have been spent for new laboratories and equipment, which will be available this fall, and ten thousand dollars were spent last year. The entire college building has been renovated, with a new anatomical laboratory, new pathological and bacteriological laboratory, and new laboratory of pharmacy and chemistry.

The Ladies' Auxiliary of the Homœopathic State Medical Society was organized at a meeting during its annual session at the Kittatinny Hotel, Delaware Water Gap, Pa., September 17, 18 and 19. The following election of officers took place: President, Mrs. W. Alvah Stewart, Pittsburgh, Pa.; first vice-president, Mrs. Gilbert J. Palen, Philadelphia, Pa.; second

vice-president, Mrs. Wm. A. Seibert, Easton, Pa.; third vice-president, Mrs. Harold Cheney, Williamsport, Pa.; corresponding secretary, Mrs. Harry S. Nichols, Pittsburgh, Pa.; recording secretary, Mrs. John E. James, Jr., Philadelphia, Pa.; treasurer, Mrs. Harry S. Weaver, Philadelphia, Pa.; directors, Mrs. Francis W. Boyer, Pottsville, Pa.; Mrs. John A. Fisher, Philadelphia, Pa.; Mrs. Richard C. Castleberry, Chester, Pa.; Mrs. G. J. Burlinghoff, Scranton, Pa.; Mrs. Stanley Rhinhardt, Pittsburgh, Pa.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College Thursday evening, Sept. 12, at nine o'clock. Doctor H. L. Northrop delivered the presidential address. Doctor O. S. Haines read a very interesting paper on "Therapeutic Action of *Apis Mellifica*." The meeting was thoroughly enjoyed by a large attendance of members.

WM. SYLVIS, M. D., *Sec'y*.

The Philadelphia Society for Clinical Research held its regular monthly meeting on September 25, 1912, at the links of the Philadelphia Athletic Club, at Manoa, on the West Chester pike, after which the members participated in a base ball game, which proved a very enjoyable feature of the occasion. Dinner was served at 6 P. M., at which the members were the guests of Doctor Cheesman.

WALTER J. SNYDER, M. D., *Sec'y*.

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Doctor J. B. Heritage, Langhorn, Pa., on Wednesday, Sept. 20, 1912. A paper on "Physiology of Adrenal Glands" was read and the meeting was enjoyed by all members present.

J. D. BOILEAU, M. D., *Sec'y*.

The North Penn Homœopathic Medical Society held its regular monthly meeting at the office of Doctor H. O. Williams, Lansdale, Pa., on Thursday, Oct. 3, 1912. Doctor Ralph Bernstein delivered a stereoscopic skin clinic, demonstrating the more common skin diseases (in colors), giving their differential diagnosis and treatment, with special reference to homœopathic treatment. The meeting was well attended and a hearty discussion entered into.

H. O. WILLIAMS, M. D., *Sec'y*.

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its 4th annual meeting in the Board of Directors' room, in the Farmers and Mechanics Trust Company's building, West Chester, Pa., on Tuesday, Oct. 8, 1912, at one o'clock. The scientific program consisted of the following: "Homœopathy vs. Allopathy," I. Virginia Reel, M. D., Coatesville and Philadelphia. A paper was read by Doctor S. A. Mullin and was well presented. The annual election of officers then took place, after which dinner was served on the roof garden. There was a full attendance of members and a delightful time was had by all present. The following officers were elected: President, Dr. John W. Pratt, of Coatesville; vice-president, Dr. Morris W. Hughes, of Kennett Square; secretary and treasurer, Dr. Isaac Crowther, of Chester; censor, Dr. H. E. Williams, of Coatesville.

ISAAC CROWTHER, M. D., *Sec'y*.

Clippings received in the office of the editor of the JOURNAL indicate that the newspapers were successfully handled by the Committee on Publicity of the Pennsylvania State Society. Its recent meeting at Delaware Water Gap was noted throughout the State and freely written up. It is this sort of work that keeps Homœopathy to the forefront.

Dr. and Mrs. Joseph B. Heritage, Doylestown, entertained the Twenty-third Ward (Philadelphia) Homœopathic Medical Society and the Women's Club, consisting of the wives of the physicians who are members of that organization, on the afternoon of October 2d at the Sorosis Club house, Langhorne. It was a joint social meeting and was attended by more than thirty, who enjoyed the hospitality of the doctor and his wife,

and were impressed with the beauty of Langhorne and its surrounding territory.

The State Homœopathic Hospital at Rittersville is now open, some fifty or more patients having been transferred to the institution October 1st. These came from the Norristown Asylum and they will be followed by others as fast as the wards can be furnished. Dr. Klopp, the superintendent, is actively at work and determined to make the new hospital a model.

The Children's Homœopathic Hospital, Philadelphia, is maintaining its reputation for activity and work well done in the community. Every Friday afternoon a "mothers' clinic" is held, at which a member of the staff demonstrates the way to best care for the baby. All the way from fifty to a hundred mothers attend this clinic, bringing their babies, who are registered by the attendants and a close watch kept upon their growth. It goes without saying that an enormous amount of good can thus be accomplished.

At its recent meeting the State Society went on record as opposed emphatically to "food dopers" and endorsed the deposed State Dairy and Food Commissioner, Mr. Harry P. Cassidy, who has been stationed in Philadelphia for the past nine years in charge of this work.

Dr. Wm. Thompson Zell, formerly with the Friends Asylum, Frankford, Pa., was recently appointed superintendent of the Reading Homœopathic Hospital. Recently the hospital reported the highest number of cases treated in any one month of its history, nearly 700 accidents being cared for.

The West Philadelphia Homœopathic Hospital had a "Flower Day" Saturday, September 28, upon which occasion flowers were placed on sale in all parts of the city, with the object of raising funds for a new building for the use of the hospital. The committee had its quarters in the Bellevue-Stratford Hotel and employed in the good work the services of a large number of girls noted for their winsomeness, refinement and charitableness. The effort was crowned with success, more than \$10,000 being raised.

Hahnemann College, which opened its doors for the year September 23 with a large attendance, plans to continue the work of last year in drug proving. Dr. Edwin Lightner Nesbit, who is in charge of the work, will take it up, backed by the enthusiasm of the students, who are in hearty accord with the idea.

The Wyoming Valley Homœopathic Hospital at Wilkesbarre held its annual donation day October 2 with the result of receiving almost a complete equipment. Dr. D. S. Kistler led off with a receipted bill for one year's rent for the nurses' home, and was followed by almost the entire populace with gifts of all sorts.

The Wilkes-Barre Homœopathic Medical Society met at the Homœopathic Hospital September 27, Dr. J. A. Bullard presenting a paper on medicine and surgery in Europe as he observed it during a recent extended tour abroad. Dr. D. S. Kistler reported as delegate to the State Society. The following officers were elected for the ensuing year: President, Dr. E. C. Dreher; vice-president, Dr. Seth Kistler, of Nanticoke; secretary and treasurer, Dr. O. K. Grier.

The Women's Southern Homœopathic Hospital, Philadelphia, is making a record in its new building, more than fifty new patients having been received during the past two months. The maternity department is overcrowded and the surgical wards are filled to overflowing.

PERSONALS.

Dr. Wm. Rendell Williams announces the opening of offices at 1825 Chestnut street, Philadelphia. Diagnosis and Internal Medicine.

Dr. Edward H. Pond, 902 Keenan Building, Pittsburgh, Pa., announces a change of office hours from 10 to 1. Other hours by appointment. Dermatology and Physical Therapeutics.

The Knights Templar held their Field Day exercises in Fairmount Park on Saturday, Sept. 28, 1912. The following physicians were on the Corps Hospitalier: F. L. Abbott, M. D., E. G. Whinna, M. D., L. E. Marter, M. D., A. C. Heritage, M. D., C. S. Palmer, M. D., and J. H. Closson, M. D.

OBITUARIES

WILLIAM H. JENNEY.

William H. Jenney was born in Norwalk, Ohio, in 1840; his father and mother were from Massachusetts. He was a descendant of John Jenney, who came to Plymouth on the "Anne" 1623, and is first mentioned in a division of cattle in that year. Dr. Jenney was a student in Cleveland Homœopathic Hospital College at the commencement of the Civil War; enlisted and served in hospital corps until discharged for physical disability; returned to college and graduated in 1862; opened an office in Toledo, Ohio, and later moved to Fond du Lac, Wisconsin. In 1868 married Laura Tilden Kittredge, of Norwalk, Ohio, and went abroad to study. Studied in Paris and Vienna, and returned to this country in 1870; decided to go west, and spent some weeks in Salina, Kansas, later removing to Kansas City, Missouri. This was in 1870. He speedily acquired a large and lucrative practice amongst the best people of the city.

Dr. Jenney was the first secretary of the State Homœopathic Medical Society, organized in Sedalia in 1876. He planted Homœopathy in Kansas City on correct lines, and, with other pioneers who had preceded him, made this system of practice very strong and influential. By reason of ill health Dr. Jenney has been, for some years, incapacitated for the actual duties of medical practice.

Dr. Jenney died in San Diego, California, October 19, 1912. He is survived by his wife and daughter, Miss Mayme Jenney, of San Diego, and a son, F. K. Jenney, of Kansas City; also two sisters, Mrs. C. L. Lovrien and Miss Cecile Jenney, of Kansas City.

W. D. F.

DR. LEWIS R. PALMER.

In the meridian of life, in the height of his usefulness, with a record of professional work well done and every assignment to duty faithfully discharged, Dr. Lewis R. Palmer was summoned from his earthly labors on the morning of October 2d at the Homœopathic Hospital at Rochester, N. Y.

A sorrowing widow, after a few brief years of his companionship, shares with their only child the blow which has disrupted a happy family circle; his colleagues whose attachment and esteem have steadily increased for nearly twenty years, and a constantly enlarging number of patrons and friends feel a sense of loss they can but imperfectly express, and unite in bearing testimony to his estimable qualities.

Dr. Palmer was born in Clyde, N. Y., the son of Lewis H. and Louise B. Palmer. His education began at the high school of his native place, later at the Lyceum. He attended lectures at Hahnemann Medical College, Philadelphia, and received his degree in May, 1892.

Coming to Baltimore shortly thereafter, at a period which gave brilliant promise to our branch of the medical profession in this State, when the recently established college and hospital and the reorganized State Medical Society were enlisting the support and strengthening the zeal of the adherents of our system, he became actively associated with all these interests, and to the end of his days continued faithfully and with unflinching devotion to discharge the numerous and varied duties which the confidence of his associates had committed to him.

Throughout his professional life he served on the staff of the Maryland Homœopathic Hospital, sharing in full measure the anxieties and burdens which a struggling interest imposes upon its supporters, and at the conclusion of his service held the office of president of the staff. His labors in the college began with his appointment as Demonstrator of Obstetrics in 1894, followed in 1897 by his election as Associate Professor of Clinical Medicine, in 1899 as Associate Professor of Diseases of the Heart and Lungs, and in 1901 as professor of that department. From 1905 until the suspension of the college he held the position of Registrar.

His connection with the State Society needs no enumeration of his duties. His genial disposition and cheerful acceptance of every task here, as in all his relations, rendered his association with his colleagues a most pleasant experience. Early in his membership he was elected treasurer and after serving for many years was selected by the society as a member of the Board of Medical Examiners.

Dr. Palmer was a member of the Madison Avenue Methodist Episcopal Church. He married Miss Mary E. Herring, of this city.

Of the qualities which marked his character, well worthy of imitation by us all, his ready response to the call of duty and his unobtrusive discharge of its exacting demands recall to us the Roman sentinel who, amid the convulsions of nature, stood unmoved at his post while the sea of lava engulfed him, but in so doing preserved his memory throughout the ages, stamping the trait he illustrated as the most important factor in accomplishing the world's work, whether it be for time or for eternity.

G. R. S.

JOHN BLACK McCLELLAND, M. D.

On the fourth day of August, 1912, within one year of man's allotted three score years and ten, the soul of our fellow member, John Black McClelland, entered that silent bourne from which no traveler returns.

He gave four years of his early life to the loyal defense of his country; he gave thirty-three years of his life to the successful practice of homœopathic medicine, and was one of its most ardent, consistent and conscientious practitioners and defenders; he gave every year of his life to up-right, conscientious and clean living.

His was a strenuous and intense nature, an original and foreful intellect, and a positive and dominant will.

In the death of John Black McClelland this society recognizes that it has lost one of its most earnest and valued members; that Homœopathy has lost a true, able and ardent advocate and exponent; that the State has lost a conscientious and faithful physician; and that society at large has lost a clean and Christian citizen; and as this society laid its flowery meed of sorrow and sympathy on his bier, it directs that his life and character be spread upon its records, and transmitted to the surviving members of that trinity of medical brothers, so long members of this society.

H. B. BRYSON, M. D.,

F. C. SAWYERS, M. D.,

E. R. GREGGS, M. D.,

Committee.

Allegheny County Homœopathic Medical Society, Pittsburgh, Pa.

Thomas Anderson, M. D., Watertown, Mass., a graduate of Chicago Homœopathic Medical College, 1878, died at his home on September 18, aged 75 years.

Joseph Hasbrouck, M. D., of Dobbs Ferry, N. Y., a graduate of the New York University Medical College, 1869; a member of the Board of Health of Dobbs Ferry, and of the New York Academy of Pathological Science, and attending physician to the Dobbs Ferry Hospital, died suddenly on October 2, aged 73 years. He joined the Institute in 1911.

George W. Maust, M. D., Hahnemann Medical College and Hospital, Philadelphia, 1893, of Lock Haven, Pa., died in Hahnemann Hospital, Philadelphia, September 27, from nephritis, aged 47.

Ward S. Hudson, M. D., Cleveland University of Medicine and Surgery, 1877, of Cleveland, died at the home of his sister in that city, September 30, aged 66.

APPLICATIONS FOR MEMBERSHIP IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Garnard S. Felt, M. D., New Providence, Iowa.

William A. Glasgow, M. D., 904 Cobb Building, Seattle, Washington.

J. A. Hee'ey, M. D., Parkman, Ohio.

J. N. Majumdar, M. D., 203 Cornwallis St., Calcutta, India.

Benjamin J. Moss, M. D., 408 N. Pearl St., Ellensburg, Washington.

SOCIETIES

The semi-annual meeting of the New York State Homœopathic Medical Society was held at Buffalo October 8-9. The sessions were held at the Lafayette Hotel, the delegates, who numbered several hundred, being welcomed by the city authorities and a response being given by Dr. John W. LeSeur, Batavia.

The program was very full, the number of papers presented making it impossible for us in our limited space to discuss them. Notable, however, among them were the papers by members of the staffs of the State hospitals, which gave in detail reports of work being done in these institutions, much of it along the line of original research, and adding to the prestige of the homœopathic profession. Dr. Wm. H. Dieffenbach, New York City, presented reports of the verification of symptoms of radium bromide, which he proved two years ago, and which has been doing very good work. It is interesting to note that the discussions by the members continued up to the very last minute, and at five o'clock on the evening of the second day the room in which the meeting was held was just as full as at any time during the convention. This is a most unusual thing, and is evidence of the intensely important and interesting work done.

The officers elected for the ensuing year are as follows: For president, Dr. B. W. Sherwood, of Syracuse; first vice-president, Dr. J. T. Cook, of Buffalo; second vice-president, Dr. H. D. Cochrane, of Albany; third vice-president, Sprague Carleton, of New York. The other officers of the society were nominated for re-election.

The semi-annual meeting will be held at Albany in February, 1913, while a fall meeting will be held in Syracuse in October. Among the notable guests from outside the city were: Drs. W. B. Hinsdale, Ann Arbor; H. E. Beebe, Sidney, Ohio; C. E. Sawyer, Marion, Ohio; R. M. Richards, Detroit, Mich., and C. Spencer Kinney, Easton, Pa.

It would be wrong in giving an account of this meeting to neglect mention of the social features. Under the guidance of Mrs. J. T. Cook the ladies had provided a program which filled every minute of the spare time of the delegates and all the time of their ladies. An automobile trip around the city, with lunch at the Park Club, and a visit to the Albright Art Gallery, kept them busy during the first day, while a dinner at the Lafayette Hotel in the evening gave all an opportunity to meet and cultivate acquaintances and friendships. As an unique aftermath of the dinner were very interesting vaudeville acts and stereopticon views chosen for the occasion, which helped the physicians present to forget the cares

of their profession. Among these latter were pictures of prominent members of the profession throughout the United States.

The second day was taken up with a delightful reception at the new Buffalo Homœopathic Hospital, its rooms being aglow with autumn flowers, the hospital colors of crimson and white predominating. The luncheon was a great success, a women's committee from the Board of Managers of that institution being delightful hostesses. After the luncheon the delegates critically inspected the hospital and were loud in their admiration of it, the New York City men being particularly enthusiastic. After the hospital visit the delegates returned to the hotel, where they finally adjourned with the sense of having been well entertained.

The twenty-ninth annual session of the Southern Homœopathic Medical Association convened in the Jefferson Hotel, Richmond, October 15, the occasion being public, and attended by a large audience, not only of the members of the association and their ladies, but of the citizens of Richmond. Mayor George Ainslie welcomed the association and the president, Dr. F. E. Reed, responded. A feature of the evening was a paper on "What Is Homœopathy?" by Dr. Royal S. Copeland, New York City. During the afternoon and preceding the evening meeting the association had been in session and a number of papers were read and much interesting discussion developed. There were about seventy delegates present, among them Drs. J. P. Cobb, Hahnemann Medical College, Chicago; W. R. King, Washington, D. C., and Ralph Bernstein, Philadelphia, the last named giving a very interesting talk, illustrating with lantern slides on "Some Common Skin Diseases of Childhood." He described also the entire process of freezing in the treatment of skin cancers. On the second day a luncheon was given the officers at the Valentine Museum. The following officers were elected for the ensuing year: Dr. W. B. Lorraine, Richmond, president; Dr. H. E. Koons, Danville, Va., first vice-president; J. B. Griffin, St. Augustine, Fla., second vice-president; Dr. Lee Norman, Louisville, Ky., secretary (re-elected); Dr. W. A. Newman, Norfolk, Va., treasurer.

CORRESPONDENCE

OUR LONDON LETTER.

To the Editor:

You ask for my views on "*The Real Results and benefit to Homœopathy from the existence and operation of the International Council, and the probable result of such meetings as that which took place at Zurich.*"

I will do my best, but the illustrations I give you now may fall far short of the council's ultimate utility, although I think I can show you cause why we should continue our work.

I think that every question which comes before this council will have a double value. You can find illustrations of what I mean by studying the two problems now before the Executive Committee and which I will recount later. The question which is of life and death value itself for Russia, whilst it should stir every good man's heart, may hardly move the average busy practitioner out of his pace, and beyond an anxious comment as to "why Russia had allowed this or that to come to pass." So before the man in the middle west has had time to think twice a tragedy may have happened in Russia. But such a "death" in Russia or elsewhere will not have helped Homœopathy in any section of the world.

Everyone knows that there are serious forces always acting in secret fashion against us. It is what I call the medical optimist, actually, who oftenest allows things to drift against us. I know some such who don't care for what is out of sight. They are worked hard and making money. Homœopathy is going strong with him. Oh, yes, at present anyway.

But I would remind such that someone must have taught him Homœopathy, and I would ask such, what are you doing to pass Homœopathy on to someone else when your day is done?

Such an optimist, or a better name for the individual is the "self-satisfied" homœopathic practitioner, is often really a drag on the general progress of our cause. He has not taken time by the forelock and taught anyone to take his place when he was at the end of his usefulness, and now I know of various centers which apparently, at present, will be without any successors. When the men I have in mind were in the hey day of their activities they made no provision for "the time when——." It is apparent that a fresh graduate cannot pick up the ends of an old consultant's work. The situation is as clear as if every married couple had but two children. Population would sort of stagnate. So the busy homœopathic practitioners should see that he has one or two medical children coming along or our cause will stagnate.

How is this effected by the International Council? Well, we are hardly six weeks old yet and we must not prophesy too much.

It is well known that there are scores of openings eagerly waiting homœopaths, with clientele ready made, and but held together by dint of lay prescribing.

But the question of "successive crops" is not the main concern of this council. We are trying "to protect the interests of our school and advise as to policies."

To the watchword of Hahnemann, "*Similia*," we will add the motto "*Quid est, et quid fuerit*," and our slogan is "All for each and each for all."

If there was one dominant demand which made itself felt at Zurich it was that we must carry on a war of "*Publicity*" and "*Propaganda*."

Several delegates were specially instructed to urge this—and Belgium was the leader in this movement. It was mentioned that the A. I. H. had the last few years systematically worked this, through its field secretary and the press, and it was felt that you had triumphed when you reported that the daily press of Pittsburgh gave you fifty columns space and considered it "live copy" at that. "Literary sports" will understand that "live copy" means that the papers themselves valued this matter as being of live interest to their readers.

The result of this formal demand for "publicity" was that two pamphlets should be prepared under the ægis of the Council and appear with the full sanction of the council, their name alone appearing on the publication. It was frankly expressed both in congress and privately between man and man that, though two pamphlets were to be issued, there was but little faith in the benefits expected from the one addressed to the profession who had scorned us for about one hundred and twenty years.

The breach of 120 years becomes all the harder of healing every decade. Lady Paget, speaking of the want of harmony amongst our profession, has tritely observed that "no man likes to be proved to have been in the wrong," and we have to remember the serious position the allopaths will find themselves in by a public admission that there is value in "*Similia*." It means that they will have to admit that there has been an awful loss of life quite unnecessary.

So the profession will only come to us when they can see their bread is ready buttered for them and that, humanly speaking, it is "worth their while." There are exceptions to this commercial view, I willingly admit. It takes a very brave man to throw overboard his clientele, declare for Homœopathy, then try and convert them and others, while he is learning Homœopathy and perhaps almost starving. We can't all be Hahnemanns.

But there was universal satisfaction expressed at the thought of a pamphlet to be issued to the laity. Of course each country and locality will undertake the distribution of the pamphlets and each country will bear the cost of translations.

This publicity and propaganda was the first keynote of this congress

at Zurich. All nations seemed to recognize that by this means alone could we overcome the apparent stagnation of Homœopathy in many countries, and successfully combat, what every man knows, the secret methods used to discredit us.

On other lines, and although this Executive Committee is scarcely six weeks old, we think we can see work ahead. Already we have had two official appeals for our official aid.

One comes from Dr. Sellden, of Gottenburg, Sweden, who states that there is a recrudescence of virulent attack on Homœopathy in Sweden, which is taking various forms. This is one, being a copy of a translation as given me from Allmänna Svenska Lakartidningen, August 16, 1912, page 33:

"Gottenburg's Physicians' Society concluded at their last meeting, on the 8th of May, to nominate a committee to take up the fight against *Quackery, especially Homœopathy.*

"The committee received full power to formulate ways and means they deemed proper to serve their ends.

"In the committee was nominated Drs. Gothlin, Wennerberg, Hockert and to supplant Dr. Mannheim.

"Dr. Hockert to call the meetings."

Note that this appeared on Aug. 16, whilst the above meeting was held May 8th. This shows that the matter was given press publicity for some special purpose.

Again, our American colleges suffer from their attacks, this translation being from Goteborg's-Posten, August 23, 1912, a week later than the last attack:

"Mr. Grouleff's HIGH SCHOOL is not recognized. After what 'Hygienic Review' has learned that Hering Medical College in Chicago, at which the homœopath, Grouleff, here in town received his teachings and degree, has along with another institution of this same kind [what other college is attacked?] lost its rights for its students to pass the State Board Examiners; this is new testimony to the myth of the scientific Homœopathy."

As there are several Hering graduates in Sweden it hits Homœopathy very hard there! I am told that these newspaper articles appear with great regularity, showing a set design. I will only quote one other, Goteborg's Handels och Sjöfarts-Tidning, Sept. 19, 1912, which has an account (two and a half columns) of a packed meeting, at which our Dr. Grouleff was refused a reply meeting. He tells me that the hall was "packed" by the rougher dock workers, which was by way of ensuring a "peaceful" meeting.

Now it is asked by Dr. Sellden and his colleague that the council send a representative to deliver a lecture on the status of Homœopathy at two points in Sweden. This is under consideration, and I am begging over fifty of our biggest American hospitals and asylums, under homœopathic control, to send me photos or print engravings of these piles of bricks and mortar, so that I can illustrate my lecture. To date I have only got two responses—the new Hahnemann, of Chicago, and the Hahnemann, of New York. I pray that the spirit of good fellowship may wake up some others, as I can't go on tour to help anyone until I am armed by a good array of our biggest piles of bricks and mortar. Let our asylums and big hospitals respond before they go to bed after reading this.

There are a number of influential people in Sweden who speak English, but we have efficient interpreters amongst our colleagues there.

Dr. Sellden feels that an appearance there of the envoy of international Homœopathy would successfully quieten the bitter attacks they are undergoing. And here is the point—of an International Council—besides the world backing, it has that complete separation from self-interest which must count. Anything these Swedes do to protect themselves is always constructed into cash argument. If they fight they want more money;

if they are quiet they are "beaten to a frazzle," which expression you doubtless have heard before.

The situation in Sweden is nearly beyond the local power of resistance, and I think that this is an instance where the International Council can carry them assistance and change the aspect of affairs.

The pictures of "bricks and mortar" I ask for are arguments beyond all refutation and when carrying tactics into the enemies' stronghold I think that these "proofs" are the first thing to show. Remember that the colleagues themselves in Europe will be very surprised at the showing that we can make with the American hospitals and the asylums that are under homœopathic control.

You ask me to give some idea of the ability of this Council. Well—

Here is another call of quite a different nature and yet more imperative than Sweden's call, and one which cannot wait for the action of our yearly congresses, not even of the largest body in the world—homœopathic—(A. I. H.).

The scene is in a great country, but weak, comparatively, in Homœopathy.

The application comes from Doctor Leon Brasol, whom many of our countrymen have met at various congresses in Europe.

Dr. Brasol appeals to our International Council, through its Executive Committee, to at once obtain for and send him, through some of its many delegates, transcripts of the Codes of Pharmacy, which regulate, govern and protect our homœopathic pharmacies in the various countries. It will be of the greatest value to our colleagues in Russia to *even show* that there are no discriminating laws against our homœopathic pharmacies.

Dr. Brasol reports that there is a bill before the Douma now which has for its purport the closure of every homœopathic pharmacy in Russia, and that all homœopathic prescriptions must thereafter be put through the regular allopathic pharmacies. It does not require a man to be very smart to foresee the end of Homœopathy if the dispensing is in the hands of the allopathic chemists. It is the old fight of Hahnemann over again, and this fight drove Hahnemann out of ten States one after the other.

The Executive Committee have passed on this appeal to all delegates at once. There was some accidental delay in this communication of Dr. Brasol's reaching my hands, but after Dr. Wheeler gave it to me (Sept. 26, 1912) I communicated with all delegates the same day.

For England we have placed the matter in the hands of a lawyer, who is preparing a transcript of the Pharmacy Code, as it bears on, protects or limits homœopathic pharmacy in England. But I am assured it is of a purely negative character. The same laws govern all graduates of pharmacy and I believe Homœopathy has no regulations differing from the regulars.

Hence you see that within six weeks we have been plunged into real live matters, which could never have waited until the next meeting of the A. I. H., nor could this body have acted on these matters outside of America.

Here must seemingly be a permanent court of appeal, vested with certain powers and responsibilities, and, may I say it, *certain dignities*, to aid, strengthen and advise quickly.

But in the formation and composition of such a council there must be an element of stability as well as enthusiasm. So continuity of services must be secured and there will be found plenty of work to do, which can better be done, or only be done, when all personality (single or plural) is or are sunk.

I have seen a cold blanket already—"What on earth's the use of it all," but this is always to be expected from certain quarters, who always think of what the allopaths will think of it before acting.

There was a very noticeable tone of confidence in evidence at Zurich.

Each delegate felt that there was going to be a power which could be used to advantage to Homœopathy in his country, and which would be all the more valuable because the work would be done impersonally.

And surely when the odds of death stand at 29.5% under allopathy and only 3.9% when under Homœopathy, speaking now of pneumonia, one of the commonest of all common diseases, I think we have a distinct duty to perform in carrying this knowledge and safety to every parent or guardian of lives! It is a duty urged and commanded by no less a person than Hahnemann himself. (Vide his letter to Stapf, p. 251, Bradford's Life of Hahnemann.)

Every worker ought to try, while he is yet strong, to arrange for some continuity of workers, and not leave it to the other man or to the chance belief that "anyhow it will be all right."

Those who can't help with time can help in other ways, even if it be only a few kind words.

And the appeal of Russia may have far-reaching results. If we fail to help, with evidence and proof, and our Russian colleagues were to lose the day (which God forbid), it will not be long before other countries will find themselves in the same quandary; and this I mentioned to all delegates when I sent out the appeal of the Executive Committee. The strong must protect the weak and the whole must protect the interests of the single country that may be the subject of special attack or oppression.

It is by *legal procedure* that Russian allopaths are engineering the closure of every homœopathic pharmacy in that country. Let us see to it that we don't sleep too long nor too soundly in our fancied strength, lest we awake to find that other legal procedures have caught us napping.

It may be said that the latest move of the allopathic journals of London bespeaks a better era, but it was most likely the threat of Dr. Tyler that she would carry the announcements of the Sir Henry Tyler scholarship funds into the lay press, that made them open their columns almost amongst their many pages of proprietary medicines for our ethical ad. of these scholarships. But they modified the announcement prior to accepting same by inserting the phrase, "There will be no obligation to practice Homœopathy," meaning after returning from their American studies. This qualification was granted readily, as who would desire to enforce the practice of Homœopathy on an unwilling colleague. The point I make is that the mere acceptance of this announcement for the first time does not indicate "peace" by any means.

I hope my hurried presentment of the council's hoped-for activities will meet with a kind reception and I hope I have cleared the way for acceptance with a few who may have opposed the subject. I would ask any active objector to suspend judgment, say, until next Quinquennial Congress at least.

If circumstances require it I will give up most of my time to this work of propaganda—that is, if I am found capable of doing the required work. It is a work I love and I have some time to devote to it.

That there are objectors, we often call them "knockers," to almost everything is recognized. One criticism I received on the last edition of the International Homœopathic Directory was that "it was now too large!" Great Cæsar's ghost! My answer was that "there were many who would be happy to see the names of our colleagues fill 1,000 pages instead of some 250 pages."

Yours sincerely for Homœopathy,

E. PETRIE HOYLE,
Hom. Assoc. Secretary and Treasurer.

NOTABILIA.

CONDUCTED BY JUSTIN E. ROWLAND, M. D., SOUTH EUCLID, OHIO.

Report of a Case.—Menses too early and too profuse; blood dark and stringy; foul smelling; flow aggravated by motion; sexual excitement and dragging or bearing down before the menstrual period; feeling of something alive in the abdomen; changeable disposition. *Crocus sativa* completely corrected this condition.—*Dr. Holloway in the Critique.*

Report of a Case.—Eruption on the hands and arms cured by *Sepia*. Case of twenty-two years' standing. Symptoms: Sadness, much weeping; great indifference to family duties; loss of interest in life; easily angered; coldness and shivering during menstruation; does not care for open air; eruption and itching—worse in warm weather and from heat of stove; constipation; sense of weight or dragging in the pelvis and rectum, not relieved by stool; yellow saddle across nose, also yellowness about mouth and chin; chronic nasal catarrh, with yellowish-green discharge. *Sepia* cured the patient and the eruption disappeared.—*Dr. Holloway in Critique, June.*

Colocynth Case.—Called to see Mrs. C., who had always employed an old school physician. Found her suffering from intense abdominal pain, paroxysmal in character, which had continued for over four hours in spite of hot applications and home remedies. I knew that she was a great talker and that I should receive advertisement not to my advantage in case I did not give prompt relief. Accordingly I prepared a quarter-grain Morphine for hypodermic use. Just at this it occurred to me that the symptoms were typical of Colocynth, the only relief being afforded by bending double and forcing the fists or something hard into the abdomen. Accordingly I prepared 20 drops Colocynth 3x in a half glass of water and gave teaspoonful doses every three to five minutes, with the result that in twenty minutes the patient was as quiet as though she had received the Morphine and had no ill after-effects.

Recognizing the close relation of the symptoms of *Magnesia Phos.* and Colocynth, it is interesting to note that Schuessler, the father of bio-chemic medicine, claims that Colocynth acts through the presence of the *Magnesia Phos.* which it contains, and Ellingwood (Eclectic) refers to Colocynth as containing both Calcium and Magnesium Phosphate, and it may be true that it is the minute quantities of *Magnesia Phos.* present that act as the curative agent. *Magnesia Phos.* pains are usually better from warmth. Colocynth pains are relieved by firm pressure, by discharge of flatus and from bending double, and made worse from eating and drinking.—*J. E. R.*

Lycopodium.—Another of nature's combinations contains Alumina and Phosphoric Acid. Mouth symptoms of Alumina are: Teeth feel loose, elongated, ulcerations of mucous membrane of the mouth and throat, swelling and bleeding of the gums, an increased flow of saliva, but with dryness of the mouth, without thirst. Lycopodium accordingly has all these symptoms together with ulceration of the throat, especially upon the right side or beginning on the right and extending to the left. Thus we see the mouth symptoms of Lycopodium correspond very nearly with those of Mercury, with the exception that Mercury has the moist, flabby tongue and takes the imprints of the teeth, and has profuse flow of saliva with thirst. The principal centers of action for Lycopodium are the mucous membranes and glandular system, and the skin. The leading indications are flatulence, a small quantity of food causing a sense of fullness, constipation and excess of uric acid in the urine.—*J. E. R.*

Time of Awakening.—The hour at which the patient awakes at night is one of the most reliable indications for the remedy. When this occurs at 3 A. M. the following remedies deserve special attention:

Sepia 1566.—He wakes up at 3 A. M. and cannot go to sleep again.

Magnesia Mur. 689.—At night she wakes up at 3 A. M. and cannot get to sleep again.

Sulphur 1794.—He wakes up early every night at 3 o'clock and cannot go to sleep again.

Platina 499.—She wakes up at 3 o'clock without any pains, and she soon goes to sleep again, for several nights.

Platina 498.—Sleeplessness after 3 A. M., no position suits him.

Nux Vomica 1060.—He can only sleep before midnight from 11 to 1 o'clock, he then wakes up and must get up at 3 o'clock.

Arsenicum 1093.—After midnight from 3 o'clock on, he tosses about and only sleeps in fits.

Graphites 1056.—She awakes at 3 A. M. and cannot go to sleep for several hours, and wakes up at 7 A. M. dizzy and fatigued.

Mezereum 566.—Awaking at 3 A. M. with sensation of excessive heaviness in all limbs and in the head; he cannot fall asleep again for a long time and is then tormented by anxious dreams.—*Dr. C. M. Boger in North American Journal of Homœopathy.*

Hints.—*Natrum carb.* 6 is often a good remedy for dyspeptics with sour stomachs, belching and inclined to be rheumatic.

Allium cepa 3 is a good old remedy for colds in the head characterized by acrid running from nose and eyes. Generally better in the open air.

Elderly persons who suffer from abnormal nose bleed are often benefited by *Agaricus* 6.

The *Pacific Coast Journal of Homœopathy* says that drop doses of *Chionanthus* 6, taken daily, "will break up the sick headache habit."

Veratrum alb. 3 is a remedy for mucus in the bronchial tubes that cannot be coughed up, or coughed up with difficulty. Cold perspiration is a great indication for this drug.

Where patient fears to go to sleep on account of loss of breath *Grindelia rob.* may aid.

Severe one-sided headache may find a remedy in *Coffea crud.* 6 or 30—unless it is caused by too much coffee drinking.

Baryta carb. 6 is a good constitutional remedy for children who are of the croupy variety. An occasional dose, once or twice a week for a few months, often clears up the tendency.

Violent congestive headaches are sometimes magically relieved by *Melilotus* 1.

In diarrhœa or dysentery, attended by pain, urging and more or less bloody evacuation, *Merc. cor.* 6 or 30 is generally the remedy.

If the child's illness dates from fright, *Opium* 6 may clear away the trouble.

Brain fag, neurasthenia, exhaustion, may be aided by *Picric acid* 30.

Hysteria, nervous excitement, faints easily, palpitation are conditions that have been benefited by *Moschus* 3.—*Hom. Envoy.*

The New Age and Homœopathy.—The *New Age* is a paper which has the courage of youth, if also the power of arousing opposition that youthful enthusiasm often possesses. But this paragraph from an article signed M. B. (Oxon) will interest our readers:

"It is fairly safe to prophecy that in ten years, or perhaps even sooner, transcendental medicine, of which Homœopathy is the form that is now with us, will have changed places with the present methods, including serumtherapy, organotherapy and vaccines, which are mistaken attempts in the right direction. . . ."

The Practice of Homœopathy.—In the July issue of the *Chironian* I

have read Dr. James W. Fox's article under the above caption with much interest. There is much of fact in what he writes. I think, at the same time, that he makes some of the mistakes which others have made and wished later that they had avoided.

He quotes first in the line of "stumbling blocks" that of not being able to have sufficient of the *materia medica* at ready command to enable one to make accurate prescriptions off hand, when the patient expects relief at once. The most of us have been in such a position and most of us have given way to the desire to be thought well of and have resorted to something unhomœopathic. Some of us have regretted this, too. In the most of the acute cases which present themselves to us we ought to be able to find a remedy which will at least relieve if we take a little time in going into the merits of the case; and then we can give it a closer study at our office. We are not to be expected to remember all of the *materia medica*. We could never do that. Our very best prescribers—our giants—are not able to do that and when they first graduated they were probably no better prepared than we poor prescribers were when we first commenced to practice. They had to keep studying their *materia medica*. We ought to do so if we expect to use it with ease. It is not necessary that we carry a repertory with us on our rounds. We should, however, carry some sort of book in which to take the histories of our cases, so that the repertory can be used at home if we desire. It does not take so long to make an analysis with the repertory when the case is properly before us. It is interesting, too, and it does help greatly. No one need be ashamed to have his patients know that he uses his books to work out his cases with. If it is properly explained to them with the reasons why they will soon appreciate the fact that the doctor is interested in the case and will praise him for so doing. A lawyer who takes an important case and essays to give opinions without consulting the authorities would not be worthy of the confidence of his clients,—nor would he long retain it. Why should the physician not study his cases in like careful manner?

The desire for quick relief from pain is natural. It is better, however, to cure the condition which causes the pain than to so mask it that it is not possible to say whether the abnormal condition has passed away or not. If we can remember a few of the conditions of aggravation and amelioration, such as the application of heat or cold, the position and the time of day, we may often more easily find the remedy which will relieve the pain promptly. It may take ten years to make a really ready prescriber, but much less time than that will serve to make a good prescriber if he believes in the system he represents and *tries* to cure.

Environment is to be considered. I firmly believe that the homœopathic doctor who settles in a locality where there are few lay homœopaths will be the wisest if he sticks the more closely to his homœopathic law. If he is known as a homœopath there will be some one who thinks he wants that kind of treatment and one patient will be secured. If it happens to be a chronic case, one who has been treated by most of the allopaths of the vicinity, the doctor will have a good opportunity to leisurely take the case and study the repertory if necessary, and the chances are, ten to one, that a brilliant cure will be the result. In the small towns that cure will be sure to get notice and other patients will come because of it. The doctor who is neither homœopath nor allopath will not get half the respect that the strict one will, other things being equal. In my experience, where I have been able to observe the physicians in various locations, the homœopathic doctor who tries to be consistent, at the same time using common sense, gets a practice and the best practice of the locality, too.

I fear that there will never be found a really easy way to practice Homœopathy. Again using a simile, I do not think there will ever be found a really easy way of practicing *good law*. If we will do the best we can our little study every day will serve to make us better prescribers.

In a general practice of twenty-five years I was never able to prescribe to my satisfaction, but I never found it necessary to relieve pain by the hypodermic. In an exclusive special practice now my opportunities for prescribing are not so frequent, but there are many cases where I am able to relieve and cure in which the repertory is of the utmost value and I could not do without it.

The young graduate need not hesitate to keep on trying to practice Homœopathy, and he will do well to let his patient know it and to know why he does. It is surprising how few people, who are otherwise well informed, know anything about the *why* of Homœopathy. It is the duty of the physician to give this information and thus do the very best kind of propagandistic work.—*John B. Garrison, M. D., 616 Madison Ave., N. Y.*

The Opsonic Index as a Guide to the Therapeutic Properties of Drugs.—Two or three years have now elapsed since Wright announced the results of his experiments relating to the opsonic index of the blood and predicted that the favorable or unfavorable action of a drug in disease should be largely determined by its effect upon the opsonic index. "Scientific" practitioners of the old school very enthusiastically adopted Wright's methods, and numerous investigators proceeded to publish reports of investigations made as to the effect of various medicinal agents on the opsonic index and gloried in the fact that they had at last found an accurate and scientific method of demonstrating the medial value of their drugs. In fact, the method was widely accepted as one of great accuracy until, alas! certain pathologists connected with homœopathic institutions were able to demonstrate that homœopathic remedies exercised a similar favorable effect upon the opsonic index. This served to dampen the ardor of some of the earlier enthusiasts, and when the Osteopaths, the Electro-therapeutists and others proceeded to prove that their therapeutic measures had a similarly beneficial effect upon the opsonic index, there were many who began to feel that they were treasuring a gold brick.

Recently Streubel, of Dresden, has published a series of reports in which he claims to have proven that the salts of iodine and bromine lower the resistance of the blood to various pyogenic bacteria; arsenic, on the other hand, he states, increases the resistance of the body to the same micro-organisms. "What is sauce for the goose is sauce for the gander," and we cannot understand why studies in the opsonic index should be considered of such specific value in indicating the therapeutic usefulness of physiological remedies while similar investigations are considered of no importance in proving the efficacy of homœopathic remedies.—*G. H. W., in Hahnemannian Monthly.*

Rhodium. Anal itching, constipation and piles. Use the sixth potency.

Allium Cepa is the best remedy for influenza when the eyes are affected with coryza and when it has a tendency to extend to the larynx. For headaches over the eyes so common in severe colds, lycopodium and sulphur are indicated.

Silica and particularly *calcareo silica* in scrofulous patients with thick yellowish discharge and obstruction of nose and loss of smell.

Ammon. phosph. Sneezing and excessive running from nose and eyes *only in the morning*; after which a deep rough cough supervenes with greenish expectoration; then again the sneezing. Coldness at least draft of air; rose colored sediment from the urine.—*Pacific Coast Journal of Homœopathy.*

The Diagnosis of Atypical Scarlet Fever.—By Dr. J. D. M. Miller (*Arch. of Ped.*). The author sums up his paper in the following manner:

1. The differentiation of unusual forms of scarlet fever will remain a stumbling block to the practitioner, until we have discovered the cause of

the disease, and are able to employ similar tests to those that we now apply to diphtheria, typhoid fever, syphilis, etc.

2. Not one of the individual symptoms can be dependent upon to establish the diagnosis. The disease may occur without rash, desquamation, fever or strawberry tongue. The whole clinical picture must be carefully considered and the individual symptoms critically studied.

3. The most constant symptom is the angina; and its presence, associated with scarlatinal eruption, however slight, however evanescent and however limited in its distribution, should be regarded as sufficient to establish the diagnosis—or, at least, to demand isolation and close observation.

4. Next to the throat the condition of the tongue is the most reliable symptom, some enlargement of the papillæ of the tip and border being usually observable, although this symptom is much more frequently missing than is the angina, and may occur in other conditions.

5. Of all the exanthemata, scarlet fever is the most varied and uncertain in its symptoms; and of all of the symptoms, the rash presents the greatest vagaries. Hence, no rash, especially in a child, is too trivial to be disregarded, whatever the general symptoms may be.

6. Scarlet fever with well-marked rash may occur without desquamation.

7. Rubella scarlatinosa is often diagnosed when scarlet fever presents itself as a pronounced erythema with mild constitutional symptoms. This error is a fruitful source of dissemination of the more serious affection. The diagnosis of rubella should be accepted only upon the strongest evidence.

8. The history of a previous attack of scarlet fever should not prevent us from treating with suspicion apparently anomalous cases of the disease.

9. Differential blood-counts have produced nothing of value in the diagnosis of scarlet fever.

10. Surgical scarlet fever and scarlet fever following burns are scarlet fever in the wounded, and should be treated and regarded as ordinary cases of the disease.

11. Scarlet fever without eruption, and other anomalous forms of scarlet fever, are a fruitful source of dissemination of the disease.

12. Finally, all doubtful erythemata, and all cases in any way resembling scarlet fever, should be quarantined until the diagnosis is reasonably established.

Surgical Anesthesia.—R. H. Ferguson summarizes as follows the lessons to be learned from a study of the influence of alcohol, ether and chloroform upon the resisting power of the body to disease.

1. Alcohol must not be given in the infectious diseases, especially in pneumonia and sepsis.

2. For surgical anesthesia administer the smallest possible quantity of any anesthetic.

3. Alcohol must not be used as a stimulant during or after anesthesia if the opsonic power of the blood is of any importance.

4. The anesthesia should always be as short as possible.

5. Only ether or chloroform which is absolutely pure should be used.

6. Special precautions for asepsis and antisepsis must be taken in all operations which are of considerable duration. Slight infections may develop into serious conditions after anesthesia owing to impaired resistance.

7. Six ounces of olive oil should be injected high into the rectum in all septic cases and also in others in which resistance to infections will be required.

8. Time is important in restoring the opsonic index, hence the oil injection must not be forgotten.

9. The oil must be injected slowly lest it may not be retained.

10. Pure limpid olive oil must be used in order that it may be absorbed quickly.

11. When uncertain about the value of the injection of oil, always use it to be on the safe side.—*New York Med. Jour.*

ABSTRACTS

1. Cæsarean section is the preferred method of delivery under conditions where a viable child may not be delivered by normal ways and provided the mother can bear the surgical risk.

2. The mortality statistics show that early examination, freedom from previous manipulation and from other efforts to deliver, are important points for the best results.

3. However, the fact that the patient has been some time in labor need not preclude the efficiency of the operation.

4. Conditions should be satisfactory for this operation as it requires a particular technic with skilled assistants for the best results.

5. The most important points of the technic are:

a. High incision.

b. Non-delivery of the uterus from the abdominal cavity.

c. The absence of any method of constriction to prevent bleeding. This is not necessary.

6. Given such conditions as are demanded for the technic of the operation, and with the elimination of those patients who would die under any method of treatment, we may hope for a mortality not to exceed 2 per cent.—*Journal of Obstetrics*.

Psychotherapy versus Physiotherapy.—The physician who fails to recognize the harmonious duality of mind and body in the workings of the normal human being will fail to discern disproportions of normal functions depending upon the healthy state of that dual relationship. In other words, if he is to succeed in the relief of human suffering, either mental or physical, he must study every patient in the dual relationship, particularly the class of nervous affections in which the harmony of relationship is apt to be impaired.

From this point of view, therapeutics demands not only the restoration of the bodily functions, but also the creation in the individual of a healthy normal state of the ego. It is not possible to restore the normal condition of health by treatment either of the psychic or physical part alone. Psychotherapy nor physiotherapy are alone adequate to relieve human suffering. Physical treatment is capable in most cases of relieving impaired bodily conditions if the mind is in a normal condition and will very often set right an abnormal state of mind by the relief of the impaired physical and *vice versa*.

Too often therapeutics follow one or another, according to their training, sometimes with success, but oftener with failure. The psychotherapist, to accomplish uniform results, must not confine his methods to suggestion, nor can the physiotherapist ignore the psychic state of his patient. In the blending of the two by the creation of hope and courage with a normal state of mind, together with the relief of physical suffering, or physical disability, it is often possible to establish a healthy condition in the patient, when otherwise failure would result.—*Journal of Advanced Therapeutics*.

Gynecological Hints.—It is a bad practice to give purgatives a day or two before performing laparotomy. If you do, the patient is apt to suffer severely from gas pains for several days following the operation, and an evacuation from the bowels is difficult to obtain. If the operation is to be performed in the morning, a simple enema should be given the night before, and if, during the afternoon, this should be done the same morning.

As soon as a patient has been put to bed after a laparotomy an enema of one pint of hot water (110° F.) containing one ounce of whiskey

should be administered. This hastens reaction and prevents the severe thirst that is so apt to follow laparotomies. Hot saline is not absorbed as rapidly as hot sterile water and so should not be used.

If a patient is thirsty after laparotomy small quantities of water, hot or cold, should be given at short intervals. I usually instruct the nurse to let the patient have all the water she wants in teaspoonful amounts. If a large quantity of water is given at a time, it is apt to cause vomiting. On the other hand, a small quantity at frequent intervals will frequently arrest nausea and vomiting.

Severe vomiting with possibly acute gastric dilatation will be very much relieved by washing out the stomach. In fact, this procedure will save many a life.

The too free use of cathartics following a laparotomy usually does more harm than good. A simple enema once or twice a day is usually all that is necessary.

A rectal tube inserted four or five inches once in two hours, and allowed to remain twenty minutes each time, will frequently allow gas to escape and stimulate peristaltic action.—*Internat. Jour. of Surgery.*

Fatal Case Following Injection of "606."—Mr. H. Moore reported a case of early general paralysis of the insane treated by "606," with fatal result. The patient, aged 25, was given 0.5 gramme intravenously. A severe reaction followed, his temperature rising to 103° F. It was normal next morning, and he left the hospital on the fifth day. Wassermann's reaction, which had been negative before injection, was positive four days after. Six weeks later, his general condition being much improved, but Wassermann's reaction being still positive, he was again given 0.5 gramme. The reaction was very severe, his temperature rising to 105°, with much diarrhoea, vomiting, and general pain. The reflexes, which were all exaggerated before injection, disappeared. He was much better the following morning, but that afternoon he had a second rigor, with rise of temperature to 102°. His general condition became rapidly worse—he got ptosis of the left eyelid, bilateral paresis of the limbs, and difficulty of articulation, and died that night.—*Royal Acad. Med. Ireland Lancet.*

Surgical Notes.—Recently in the treatment of prostatic cases the supra-pubic route of operating is being used by most operators, some going so far as to practically abandon the perineal incision. More attention is also being paid to preliminary treatment, drainage is established by retention catheter in all cases showing much cystitis, dilatation of bladder, etc., for two or three weeks and in some cases longer.

In cases where there is little inflammatory changes of mucous membrane and no pus in urine, the incision in bladder may be closed at once, providing for drainage by retention catheter. Drainage is also placed in the pre-vesical space above the bladder.

Constant irrigation for the first twenty-four hours is now employed by some operators to prevent the formation of large clots. This is especially necessary where the bladder incision has been closed.

By the supra-pubic route there is less laceration of the urethra, less traumatism in general, and practically all of the cases have control of urine.

A new method of curing rectal fistula has been credited to Dr. Elting, of Albany, N. Y. After dilatation of sphincter the section of gut which contains the internal opening of the fistulous tract is dissected loose to a point above the internal opening. The gut is cut above the opening and the healthy part drawn down and stitched to the skin at the mucocutaneous juncture. This procedure completely closes the internal opening of fistulous tract.

The external opening is now incised freely and the tract packed with gauze. The internal opening now being permanently closed the fistulae will heal up because there is no infectious matter coming down through it.

This seems to be a very rational procedure and will surely shorten the convalescence over the old plan of incising the fistulous tract and allowing it to granulate.—Dr. C. E. Holloway, in *Iowa Homœopathic Jour.*

Edema of the Eyelids in Children.—In discussing various difficulties of diagnosis encountered in children, the author calls attention to the fact that there are four conditions in which this symptom may be met with. The first two are chronic nephritis and the rare cases of congenital edema of the lids. The condition is also an early symptom of rheumatic pericarditis. In fact, it often appears before any other sign, unless it be an increase in the rapidity of respiration. In the three conditions just mentioned the edema is more marked in the upper eyelids, but in a fourth condition, whooping cough, it is more often in the lower lids. As it appears sometimes before the cough it may be of assistance in the diagnosis. The author tells of the case of a boy brought to him because of loss of appetite, and who had no cough, but exhibited the symptoms above mentioned; a week later he developed the characteristic whoop.—Thursfield, *Birmingham Medical Review*, Birmingham, England.

Delayed Chloroform Poisoning.—Dr. S. M. Fischer (*Publication 6, issued by Med. Faculty Queen's Univ.*, June, 1912) says that a survey of the literature seems to show that serious symptoms do not develop in the human subject unless anesthesia has extended over thirty minutes; that such symptoms are more prone to develop in anemic and cachectic patients and those suffering from diseases where hepatic deficiency may be premised. In dogs, symptoms of poisoning can almost invariably be produced if anesthesia lasts two hours or if the animal is anesthetized several times at short intervals. With ether anesthesia delayed poisoning, while recorded several times, is almost unknown. With such a knowledge the field for chloroform anesthesia becomes narrowed and its limits of safety better defined. There can be no doubt, too, that altogether apart from the serious train of symptoms recorded as characteristic of delayed chloroform poisoning, milder degrees occur and are recovered from. Thus the transient icterus noticed at times after chloroform anesthesia without other evident cause, and such conditions as restlessness, mild delirium, dazing and drowsiness, may be instanced as signs of milder intoxications.

Forced Feeding in Tuberculosis.—Recently there has been a great change in the notion of forced feeding in tuberculosis. It is not long, however, since authorities in medicine were advocating extremes of forced feeding which seemed strange, from a physiological point of view. It was unwarranted that anyone should prescribe what could not be digested or assimilated with the idea that, because the quantity was larger, it must follow that the patient's body-weight and resistance would increase.

It is not impossible, but demonstrable in some cases, that a large percentage of the cases of tuberculosis have their origin in auto-intoxication arising from overeating. The poisons associated with intestinal decomposition being thrown into the circulation, prevent or vitiate metabolism and lower the resistance of the individual. If such is the case, and it seems to be, nothing would be contraindicated more naturally than forced feeding, and such seems to have been demonstrated by observing clinicians, who are now abandoning this irrational prescription.—*Jour. of Advanced Therapeutics.*

Simple division will sometimes cure a case of hemorrhoids.

Division may be done under local anesthesia by means of the infiltration method with one-fifth of one per cent. cocain.—Dr. Jerome Wagner.

BOOK REVIEWS.

INTERNAL SECRETION AND THE DUCTLESS GLANDS. By Swale Vincent, M. D. (London), D. Sc. (Edin.), M. R. C. S. (Eng.), L. R. C. P. (London), F. R. SS. (Edin. and Canada). Professor of Physiology in the University of Manitoba, Winnipeg, Canada, formerly Assistant Professor of Physiology in the University College, London. With a Preface by Professor E. A. Schafer, F. R. S. Pages, 464. 93 Illustrations, a number full page and in colors. Price, \$3.50, net. Longmans, Green & Co., Fourth Ave. and 30th St., New York. London: Edward Arnold.

As an evidence of monumental study Prof. Vincent's work stands in the forefront. It is this fact and the list of several thousand references given in his bibliography which impresses upon the reader the value of his study.

More and more each year the internal secretions are recognized as most important factors in the human economy, though it is only recently that anything like a fair knowledge of these secretions and their use to the system has been recognized. A great many theories have been offered, and the literature on the subject, as noted in the bibliography to which, as reference has been above made, is voluminous. The average physician would stand appalled at the magnitude of the task of anything like a thorough study of the subject. Here, however, we have this study made and logical deductions resulting from that study clearly set forth. All internal secretions so far recognized are discussed, and the influence they have in the maintenance of health or the production of disease fairly estimated—so far as the present knowledge goes. A study of the adrenals and pituitary bodies is particularly interesting, though that of the other organs in which the internal secretion has been demonstrated is equally important and instructive. Scarcely a practitioner, but would be interested, informed and greatly instructed by reading this work, and we commend it with all heartiness.

PATHOLOGY AND TREATMENT OF DISEASES OF WOMEN. Fourth Edition, rewritten by A. Martin and Ph. Jung. Only Authorized English Translation, Written and Edited by Henry Schmitz, M. D., Professor of Gynecology, Chicago College of Medicine and Surgery, etc. With One Hundred and Eighty-Seven Illustrations, Twenty-Five of Which are in Colors. Price, Cloth, net, \$5.00. New York: Rebman Company, 1123 Broadway.

Of works on gynecology there are many, but most of them either lack in definiteness and detail, or go into detail to such an extent that they are not practically available to the general practitioner. The authors in this work have confined it to less than 500 pages, and at the same time they cover the entire field. The indications are given for both medical and surgical treatment, so that it is valuable to the busy man in general practice, as well as to the gynecologist, who may have more time to make detailed study of his work. It has been long recognized as a classic by the profession in Europe. The editor and publishers have placed the profession of this country under obligations for presenting them such a valuable treatise on this subject.

As with all the publications of this firm, we are struck with the artistic beauty of the illustrations, their distinctness and clearness, and the delicate shading of those in colors. A helpful innovation is a little paragraph at the beginning of each division giving reference to literature on the subject. This, in itself, will be found helpful, while the list of some three hundred references included as a part of the book covers the general literature which may be consulted. It is really a work worth while possessing.

DISEASES OF THE STOMACH, INTESTINES, AND PANCREAS. By Robert Coleman Kemp, M. D., Professor of Gastro-Intestinal Diseases, New York School of Clinical Medicine. Second Edition, Revised and Enlarged. Octavo of 1,021 pages, with 388 Illustrations. Cloth, \$6.50, net; Half Morocco, \$8.00, net. W. B. Saunders Company. Philadelphia and London. 1912.

This second edition has been largely re-written and entirely revised. A new chapter on Colon Bacillus Infection and one on Diseases of the Pancreas has been introduced, while a section on Duodenal Ulcer shows the advances made in the study of this disease during the past two years.

As a reference book on diagnosis it stands in a class by itself, and here is where its great value to the general practitioner comes in, and it goes without saying that a correct diagnosis having been made, proper treatment is rendered more possible. As we had occasion to say of the first edition, it will be an invaluable aid in both of these important ways. Being profusely illustrated, diagnosis becomes easier and the discussions of the author more intelligible. It is really a fact that the possession of this book to the general practitioner will find it less and less necessary to call in the aid of the specialist.

WESTBOROUGH STATE HOSPITAL PAPERS. A Testimonial to George Smith Adams, M. D. Edited by Solomon C. Fuller, M. D. (Reprinted from New England Medical Gazette, Vol. XLVII, pp. 467-686.) Series 1. 1912.

Having spoken in an editorial note of the intent and purpose of this book, it remains to say in this department that it consists of some fifteen papers, each being a study in detail of the subject matter. All are cases which have occurred in the experience of the writers as members of the medical staff of the hospital. They are profusely illustrated with microphotographs, some forty-five in all, demonstrating the discussions of the authors of the papers. They form altogether a splendid development of the original work of which the staffs in any of our hospitals are capable. We have no doubt but that it will become classic for references.

CATALOGUE OF MEDICAL AND SURGICAL WORKS Published in the United States. Alphabetically Arranged by Authors and Classified Under Subjects. 1912-1913.

The W. B. Saunders Co. have issued a catalogue of all medical and surgical works published in the United States, alphabetically arranged. Here may be found following the name of the author the title of the work, the name of its publisher, and the net price. Practitioners of our own school will be interested to hear that the homœopathic works are given their proper place. A copy may be obtained upon application.

PHI ALPHA GAMMA QUARTERLY. Volume XI., Number 3. Published by the Fraternity.

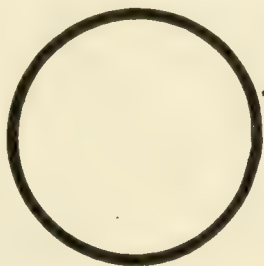
Dr. Gilbert Fitz-Patrick, the managing editor, and Dr. Richard H. Street, the business manager, both of Chicago, are to be congratulated on the appearance of this Quarterly. It contains much of interest to the fraternity, and to the writer is of particular interest, owing to the fact that the seventeenth annual convention of the Grand Chapter is to be held in Cleveland at the new Statler Hotel, and that this number contains splendid portraits of three of Cleveland's prominent members—Drs. Quay, Jones and Biggar. Dr. Clifford Mitchell is honored in a similar way, and the honor is worthily placed. Autobiographies of these gentlemen are interesting, that of Dr. Mitchell being supplemented with a poem showing the estimation in which he is held by his brothers. A complete roster of the members of the fraternity is given together with their home addresses. We congratulate the editor and manager on the neat appearance and general tone of their production.

“the value of cold as a therapeutic agent in inflammatory conditions is slowly but surely reversing from a fact into a very doubtful theory.

Dr. Cavana “American Journal of Surgery, Oct., 1912” demonstrates by careful analysis and logic that pathogenic micro-organisms multiply most rapidly in temperature from below 98.6° to freezing and “that in a temperature of 100° Fahrenheit most of the laboratory cultures die, and that in a temperature of 103° all artificial germ propagation ceases.”

Taking a case of Pneumonia, Tonsillitis, Bronchitis, even Appendicitis, as Dr. Fauntleroy suggests, in any inflammatory involvement, factory it would seem justifiable and logical in the light of this reasoning that heat, best applied in the form of antiphlogistine, facilitates a cure by favoring leucocytosis and adding to nature’s defense against suppuration.

There can be no doubt that much of the success in treating inflammations, whether deep or superficial, with antiphlogistine which retains its thermic value for hours if applied thick and hot, has been due to this therapeutic function.”



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Growth in the use of Bacterins.

Treatment of infectious diseases with preparations derived from corresponding micro-organisms is unquestionably growing in favor. Not only do the bacterial vaccines (or bacterins), seem destined to a permanent place in therapeutics, but their field of applicability is constantly broadening. Proof of this is seen in the growing list of these products announced by Parke, Davis & Co., no less than fifteen of the bacterins now being offered to the profession.

There are a number of reasons for the favor which is being accorded to the bacterial vaccines. In the first place these products are in consonance with the scientific trend of present-day medication. They are being used with a gratifying measure of success. The method in which they are marketed (sterile solutions in hermetically sealed bulbs and in graduated syringes ready for injection) appeals to the modern medical man, assuring, as it does, both safety and convenience. The moderate prices at which they may now be purchased will tend to give them still greater vogue. And these prices are worthy of note, since they represent a greater reduction from those formerly prevailing, amounting, if we are not mistaken, to as much as 60 per cent in many cases. They are announced elsewhere in this journal over the signature of Parke, Davis & Co. and will repay a careful scrutiny.

Some Valuable Products for the Treatment of Diseases of the Bacterial Origin.

Since the advent of diphtheria antitoxin it is doubtful if any new remedial agents has elicited greater interest than is now being manifested in the bacterial derivatives known as Phylacogens. These products were originated by Dr. A. F. Schafer, of California, the method of preparation and technique of application being first presented to the San Joaquin Medical Society in Fresno. To the uninitiated it may

be said that the term Phylacogen (pronounced phy-LAC-o-gen) means "phylaxin producer," being derived from two Greek words signifying "a guard" and "to produce." The Phylacogens are sterile aqueous solutions of metabolic substances generated by bacteria grown in artificial media. They are produced from a large variety of pathogenic bacteria, such as the several staphylococci, streptococcus pyogenes, bacillus pyocaneus, diplococcus pneumoniae, bacillus typhosus, bacillus coli communis, streptococcus rheumaticus, streptococcus erysipelatis, etc.

Four Phylacogens are now offered to the medical profession: Mixed Infection Phylacogen (used in the treatment of bacterial diseases of unknown etiology), Rheumatism Phylacogen, Erysipelas Phylacogen, and Gonorrhœa Phylacogen. They have been thoroughly tested clinically and are said to be producing excellent results in the treatment of the various pathological conditions in which they are indicated. They are administered hypodermically—subcutaneously or intravenously—preferably by the former method, the latter being advised only in cases in which a quick result is demanded. They are supplied in hermetically sealed glass vials of 10 c.c. capacity.

The Phylacogens are prepared and marketed by Parke, Davis & Co., who have recently issued a 24-page pamphlet, which describes them in detail—the process of manufacture, therapeutic indications, dosage, methods of administration—everything, in fact, that needs to be known by the man who desires to use phylacogens. Every physician in general practice, every practitioner who desires to keep abreast of the latest advances in bacterial therapy, should have a copy of this valuable booklet. Write to Parke, Davis & Co., at their general offices in Detroit, Mich., ask for the "Phylacogen pamphlet," and mention this journal.

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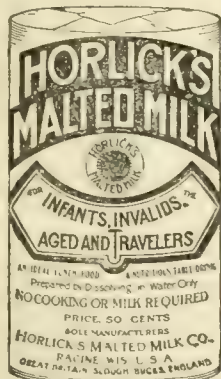
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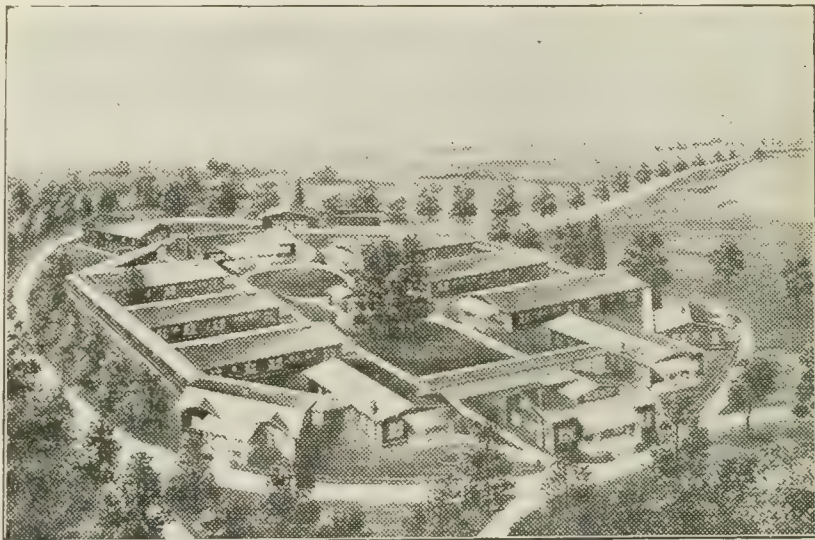
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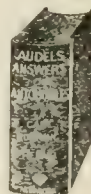
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